# BOARD OF COUNTY COMMISSIONERS
# DOUGLAS COUNTY NEBRASKA

**RESOLVED**

**WHEREAS**, in accordance with Nebraska State, this Board first adopted a Comprehensive Juvenile Services Plan for Douglas County 1996, and,

**WHEREAS,** Nebraska Statute further requires that said Plan be regularly and routinely updated no less than every three years; and,

**WHEREAS**, the Douglas County Child and Youth Services, with input from members of various community agencies and the public, has prepared and submitted the updated 2009-2011 Douglas County Juvenile Services Comprehensive Plan as evidenced and incorporated hereunto in the attached Exhibit A; and,

**WHEREAS**, Public Hearings regarding said Plan were conducted August 21 and October 16, 2008 at which time any and all interested parties had the opportunity to give input regarding the Plan; and

**WHEREAS**, THIS Board desires to approve and adopt the 2009-2011 Douglas County Juvenile Services Comprehensive Plan.

**NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COUNTY COMMISSIONERS, DOUGLAS COUNTY COMMISSIONERS, DOUGLAS COUNTY, NEBRASKA**, that the updated 2009-2011 Douglas County Juvenile Services Comprehensive Plan evidenced in the attached Exhibit A is hereby approved and adopted.

DATED this 13th day of January, 2009.

Resolution No. 43
ADOPTED: January 13, 2009

Motion by Borgeson, second by Tusa to approve. I move the adoption of the resolution.
Adopted: January 13, 2009
Yeas: Borgeson, Boyle, Duda, Hutchings, Kraft, Tusa, Rodgers

(CERTIFIED COPY)

CHIEF DEPUTY
Douglas County Clerk

*Certified copies to: Commissioners, JAC(4)*

# Douglas County
# Comprehensive Juvenile Services Plan

## January 1, 2009 – December 31, 2011


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## Executive Summary

The 2009 – 2011 Plan is the third Douglas County Comprehensive Juvenile Services Plan. The previous Plan format and working structure have provided a strong foundation for use of the County Plan as a guiding, living document in addressing juvenile issues.

This Plan was developed in cooperation with countless service providers throughout the community. In addition to meetings and survey results focused on completion of the Comprehensive Plan, existing agencies and organizations volunteered resources of feedback and data related to youth issues in Douglas County and throughout the metro area. These collaborations illustrate the progression of the Plan process in Douglas County and the active use of the Plan. In addition, community feedback has highlighted that, although numerous other community, county, and state initiatives have impacted juvenile issues there is a continued need for focus in the current priority areas.

Priority Areas for the 2009 – 2011 Plan:

1. Increase awareness of truancy and decrease its incidence through a combined effort of the schools, service providers, and law enforcement.
2. Improve families' ability to access assessments and services prior to formal action being taken against a youth or family.
3. Develop appropriate mental health interventions for juveniles in Douglas County.
4. Create and implement programming to support juveniles' successful re-integration with family, school, and community following formal interventions.
5. Create a juvenile justice forum to regularly meet to network, report on local programming efforts, discuss grant applications, and serve as a catalyst for the community.
6. Reduce the over-representation of minorities within the juvenile justice system.
7. Reduce the overall incidence of youth-violence in the community.

The many initiatives, community activities, and data points listed in this report exemplify the overwhelming needs of the community related to these juvenile issues, as well as the overarching focus of a community passionate about making positive changes in the lives of youth and families, a great willing to collaborate toward those means, and the need to continue growth and focus in these areas where so much momentum is already in place.

## Community Team Section

### I. Community Team / Plan Completion Process Section:

Douglas County has experienced increased growth, cohesiveness, and focus regarding juvenile justice issues over the past three years. Established working groups are comprised of stakeholders most interested in and affected by the comprehensive plan. The 2009 – 2011 County Plan update was orchestrated under the direction of the Douglas County Juvenile Assessment Center and the Juvenile Justice and Provider Forum (JJPF), which is the umbrella group charged with utilizing the current comprehensive plan as an active guide in addressing issues effecting juveniles in Douglas County.

Oversight was provided through the following, existing community teams: The Douglas County Child and Youth Services Committee and the Juvenile Justice System Coordinating Council.

The process of writing the 2009 – 2011 Plan evolved through active utilization of the 2006 – 2008 Plan. The Juvenile Justice and Provider Forum (JJPF), was formed as a direct result of the 2006 – 2008 comprehensive plan. One of the priority areas listed in that plan states, "Create a juvenile justice forum to regularly meet to network, report on local programming efforts, discuss grant applications, and serve as a catalyst for the community." Dr. Hank Robinson, Director of the Juvenile Justice Institute (JJI) at UNO and author of the 2006 – 2008 Plan, sent an open invitation for the community to create this forum "as the central source of communication and collaboration on juvenile affairs in the Metropolitan area" (see Appendix 1) in the Spring of 2006. That process yielded a stakeholders group who formed the JJPF and named co-chairs Silas Clarke, Assistant Grant Administrator with the Mayor's Office, and Shawne Coonfare, Community Resource Analyst with the Juvenile Assessment Center, in June 2006. The founding meeting, containing the current structure and format, was held in October, 2006. Opening remarks were provided by Commissioner MaryAnn Borgeson, Mayor Mike Fahey, and Omaha Police Chief Thomas Warren. This meeting was attended by a phenomenal cross-representation of systems and provider professionals. The JJPF has continued to function from its inception through the present. As stated in the original letter of invitation, "(this Forum offers) an opportunity for programs, agencies, and individuals to make announcements, present on programming, discuss current youth issues, and to collaborate with others in order to pursue grant and/ or initiative possibilities. Attendees may actively participate, or may just attend to gain knowledge of what other entities in the Metro area are engaging in". (see Appendix 1) The JJPF meets the third Thursday of every other month from 3:00 – 5:00 pm at the Alumni Center at UNO. Meeting format includes reports or updates from chair persons from each sub-committee; representing each Comprehensive Plan priority area. The following is the basic structure of these Forum meetings:

**JJPF Format:**

- Committee Updates/ Reports
- Presentations
    - Providers &/or Programs, Justice Issues, Youth Issues
- Misc. Announcements:
    - Workshops
    - Grants
    - New issues arising
    - Proposed Legislation
    - Collaboration
    - Questions for the group re: resources, etc.
- Networking

This group is open to anyone wishing to attend and participate. Meetings are typically attended by professionals from Juvenile Probation; the Omaha Police Department; Mayor's Office grants and youth services staff, Health and Human Services, the service providing community (wide array of providers - from specific programs to agencies, from shelter services to recreational opportunities, from behavioral health to education or employment support); schools; JJI; funding organizations, community/ youth activists, and parental support organizations. Douglas County professionals regularly attending these meetings include Juvenile Assessment Center, County Administration, Juvenile Court, Juvenile County Attorneys Office and Youth Detention Center. Regular attendees also routinely forward notices and information to other colleagues who may have an interest in upcoming topics or updates.

In addition to meetings, the JJPF utilizes an e-mail List Serve to send out information, notices, announcements, and miscellaneous opportunities for training and funding on a regular basis. (see Appendix 1 for JJPF Overview, List Serve, and Sub-Committee Chair Contact List)

In May, 2008 the JJPF members received information regarding the Comprehensive Plan purpose and completion strategy for the 2009 – 2011 plan. E-mail notices were sent via the List Serve (asking members to forward to their colleagues and contacts as well), and letters were sent via the postal service to local policy makers and agency CEOs. (see Appendix 1)

A power point explaining the County Plan background, purpose, and process was presented at the June Forum meeting, and sent via the List Serve as well.

A survey link was sent out via the JJPF List Serve, with requests to forward to any other contacts related to Juvenile Services. Survey results were discussed at the open Forum meeting on August 21st.

The following shows participants' primary interest in juvenile issues:

| The following BEST describes my primary interest in relation to juvenile issues. | | |
|---|---|---|
| **Answer Options** | **Response Percent** | **Response Count** |
| I am a youth | 0.0% | 0 |
| I provide peer support to another youth | 0.0% | 0 |
| I am a concerned Parent | 4.7% | 8 |
| I am a concerned Private Citizen | 5.9% | 10 |
| I am a Public Policy Maker | 1.2% | 2 |
| I am an Elected Official | 1.8% | 3 |
| I Work Directly with Youth - in education | 13.6% | 23 |
| I Work Directly with Youth - in counseling | 9.5% | 16 |
| I Work Directly with Youth - other | 15.4% | 26 |
| I Manage Staff who work directly with Youth | 11.2% | 19 |
| I am an Agency/ Program Administrator | 23.1% | 39 |
| I perform Grant Writing/ Data Analysis | 5.9% | 10 |
| I provide Administrative Support | 5.3% | 9 |
| I provide services or support to Parents | 2.4% | 4 |
| | ***answered question*** | **169** |
| | ***skipped question*** | **1** |

Persons completing the survey were also asked about their familiarity with local youth issues. This question yielded following results:

| I am well-informed regarding issues affecting juveniles in Douglas County. | | |
|---|---|---|
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree | 28.0% | 47 |
| Agree | 49.4% | 83 |
| Neither Agree nor Disagree | 14.9% | 25 |
| Disagree | 7.1% | 12 |
| Strongly Disagree | 0.6% | 1 |
| | ***answered question*** | **168** |
| | ***skipped question*** | **2** |

In addition, participants were asked whether they currently receive any type of funding through the Nebraska Crime Commission (NCC). Of these survey participants 32.6% report they currently DO receive monies from the NCC; 67.4% reportedly do NOT.

When asked, "Should Current Priorities Remain for the 2009-2011 Plan", results were very strong:

| **Priority Area** | **StronglyAgree** | Count | **Agree** | Count | Total | Skipped |
|---|---|---|---|---|---|---|
| **Truancy** | 61.60% | 101 | 33.50% | 55 | 164 | 6 |
| **Early Assess** | 50.90% | 81 | 41.50% | 66 | 159 | 11 |
| **MH Capacity** | 63.90% | 99 | 31% | 48 | 155 | 15 |
| **Re-Integration** | 45.80% | 70 | 40.50% | 62 | 153 | 17 |
| **Communication** | 46.70% | 71 | 44.70% | 68 | 152 | 18 |
| **DMC** | 53.00% | 80 | 31.80% | 48 | 151 | 19 |
| **Violence** | 73.50% | 111 | 21.90% | 33 | 151 | 19 |

Survey results (in conjunction with youth, parent, and community feedback from focus groups) yielded the following:

- All Priority Areas will remain the same for the 2009-2011 Plan
- Other areas identified as highly important: homelessness, teen pregnancy, STDs, un/under-employment, parenting (teen parents and need for parental support).

Chairpersons of the Juvenile Justice & Provider Forum (JJPF) sub-committees were each asked to utilize their committees to complete a summary of the Priority Area their committee addresses (requirements for content of the County Plan provided to the Chairs in an outline form).

Summaries include accomplishments and challenges experienced over the last three years, current assessment of the priority as a continued concern (supported by data), and strategies for the next plan duration. Notices were provided to these open meetings to ensure all interested parties had an opportunity to participate.

Committee summaries and subject area gaps were discussed at the October 16th JJPF.

Data (including focus group feedback)and information, and Trainings/ Activities/ Initiatives have been provided for the purpose of completing this Comprehensive Plan by: service providers throughout the community too numerous to specifically mention, departments in Douglas County (Health Dept., DCYC, JAC), The Empowerment Network, State Infrastructure Grant (SIG), Building Bright Futures (BBF), Project Harmony, Omaha Police Department (OPD), Metropolitan Child Advocacy Coalition (MCAC), Office of Juvenile Services (OJS), Juvenile Probation, USDOJ, Mayor's Office, Juvenile Justice Institute (JJI), Region 6, Nebraska Family Support Network (NFSN), Immanuel Medical Center

Plan writer also met with Julie Rodgers, NCC County Plan Administrator, in October to review process and progress.

Three groups provided oversight and approval to the County Plan process and content. First, the Child and Youth Services Committee is a formal group under the Douglas County Board of Commissioners. This committee was chaired during the writing of the 2006-2008 plan (current) by Commissioner MaryAnn Borgeson. She remained the committee chair through 2006. Commissioner Chris Rodgers has been the chair of this committee beginning in 2007. This committee provides oversight and direction for all County involved agencies or efforts in place on behalf of children and families. The Committee meets at least every other month, and as needed. Membership includes representatives from the following Douglas County entities: Youth Center (DCYC), Health Center (DCHC), Separate Juvenile Court, Juvenile Assessment Center (JAC), Administrator's Office, and others invited as initiatives, needs, and agenda items require.

Second, the Juvenile Justice System Coordinating Council (JJCC) was formed in June of 2008. The Douglas County Board of Commissioners contracted with the Institute for Law and Policy Planning (ILPP) to conduct a study of the Juvenile Justice System in order to most efficiently and effectively solve the serious issue of overcrowding at the Douglas County Youth Detention Center (DCYC). Creation of this group resulted from recommendations of that study. (see Appendix 2 for Summary and Recommendations; & 13 for reference to Full Report). The JJCC now serves to address all recommendations in the ILPP Report, and to provide oversight at the County level regarding juvenile justice issues within the formal justice system. Commissioner Chris Rodgers and Nicole Goaley, head of the Douglas County Attorney Juvenile Division co-chair this council, who now meets monthly and as needed. Membership includes representatives from the following Douglas County entities: Youth Center (DCYC), Health Center (DCHC), Separate Juvenile Court, Juvenile Assessment Center (JAC), Administrator's Office, Juvenile Probation, (see Appendix 1 for official membership list)

Finally, the Douglas County Board of Commissioners, has provided final approval of the 2009 – 2011 Douglas County Comprehensive Juvenile Services Plan.

## Juvenile Justice System Analysis Tool

The Juvenile Justice and Provider Forum (JJPF) has begun to serve the need for communication and collaboration between the overall systems and service providing communities. In addition, there has been increased flow of information in these areas. However, this group does not have the ability to directly impact overarching "systems" (or policy related) issues.

Specific issues of concern continue to remain when focus is placed solely on the formal juvenile justice system. The ILPP Report commissioned by Douglas County, and released April 24, 2008 contained strong words regarding the formal systems related to juvenile justice in Douglas County. The report states, "the enormous complexity of the Nebraska juvenile justice system causes frequent disagreements regarding the current interplay between involved agencies and what should happen."

Issues studied and recommendations made by ILPP mirror those listed in the Systems Analysis Tool completed in 2006 by the Juvenile Justice Institute (JJI). As stated in the Community Team Section, the Juvenile Justice System Coordinating Council has been formed to further address the issues of concern related specifically to policy and the "system". The cross-representation of members in these groups can focus on the areas in which they have the most impact. At the same time, each group can continue to improve communication, efficiency of the system, and service to youth and the community.

This Council is also discussing and making recommendations regarding legislation to be proposed by Senator Ashford, District 20, during the 2009 Nebraska Unicameral Session. (see Appendix 11) This is an ideal example of the type of agenda item that can be covered in this group.

The Juvenile Justice System Analysis Tool relates directly to systems, policy, and statutes. Therefore, this Tool can be updated as progress is made by the newly formed Juvenile Justice System Coordinating Council. (see Appendix 12 for JJ Systems Tool)

## Community Socio-Economic Section

Geographic and Transportation Overview:
Douglas County is located on the center of the eastern border of Nebraska. The entire Eastern edge of the County is bordered by the Missouri River, forming a natural State line boundary with Iowa. It is a predominately urban area; the most heavily populated area of state. The county spans an area of 340 square miles and contains a population of over 492,000. The city of Omaha falls largely in Douglas County. Other cities/ towns/ villages in the county include (all or parts of): Valley, Ralston, Waterloo, Bennington, Elkhorn, Boys Town, Elk City, and Carter Lake, Iowa. The Omaha metro area is estimated to have a population of 807,305. The other predominately urban counties which border Douglas County are Pottawatomie County (Council Bluffs), Iowa, and Sarpy County (which includes Offutt Air Force Base, Bellevue, LaVista, Papillion, and Gretna, Springfield).

Douglas County is the central portion of what is considered the Greater Omaha Metropolitan Area. The "Omaha Executive Summary", produced by the Greater Omaha Economic Development Partnership describes local transportation as follows: "Greater Omaha is a transportation hub. The city is strategically located at the intersection of U.S. Interstate Highways 29 and 80. Additionally, four U.S. and eight state highways converge in the area. Approximately 90 interstate and intrastate motor freight carriers offer Omaha businesses direct access to national markets. Omaha is also one of the largest rail centers in the nation, served by three Class One railroads. Union Pacific, the country's largest railroad, is also headquartered in Omaha. Shipments by rail or motor carriers can reach major markets in the continental U.S. within five days. Eight national and 12 regional airlines provide more than 200 flights daily at Eppley Airfield, Omaha's major regional terminal, located five minutes from downtown and 15 to 30 minutes from most areas of the metro. A ring of interstate highways and well-maintained arteries facilitate driving within the metro area. Greater Omaha's average one-way commute is less than 20 minutes. Metropolitan Area Transit (MAT) also provides bus transportation to over 12 million passengers annually."

Main Economies:
Douglas County is a part of the Greater Omaha Metropolitan Area, which also includes the Nebraska Counties of Sarpy, Cass, Saunders, and Washington, as well as Hamilton, Pottawatomie, and Mills Counties in Iowa.

According to the Greater Omaha Economic Development Partnership Cost of Living Overview, "A survey of 300 U.S. cities reveals that the relative price levels for consumer goods and services in Greater Omaha are consistently

10 - 12% below the national index of 100 for six major components". Douglas County is home to Four Fortune 500 Companies. Additionally, the Partnership Executive Summary states, "There are more than 33,000 businesses located in Greater Omaha. While being the headquarters location for four Fortune 500 companies, approximately 35 other Fortune 500 companies have manufacturing plants or service centers in the metro area. Greater Omaha's economy benefits from solid population and labor-force growth with a relatively diverse industry mix. Omaha is also renowned for its sophisticated telecommunication infrastructure, being one of the first cities in the US to develop a comprehensive nationwide fiber optic network. As such, the Greater Omaha area has developed a thriving information technology sector. Greater Omaha has a history of strong business-government partnerships in area development projects. In the past decade, this cooperative redevelopment has resulted in more than $11 billion in new investment metro-wide with $2 billion in downtown alone."

Historic and Natural Attractions that affect the County (lakes, state parks, landmarks, etc)
Within Douglas County, the City of Omaha contains 200 parks, more than 80 paved trail miles, and 14 community centers. Other natural attractions include: Glenn Cunningham Lake, Levi Carter Park, N.P. Dodge Park, Standing Bear Lake Park, Tranquility Park, and Zorinsky Lake. In addition to natural attractions, Douglas County is host to numerous recreational, cultural, retail and sporting opportunities.

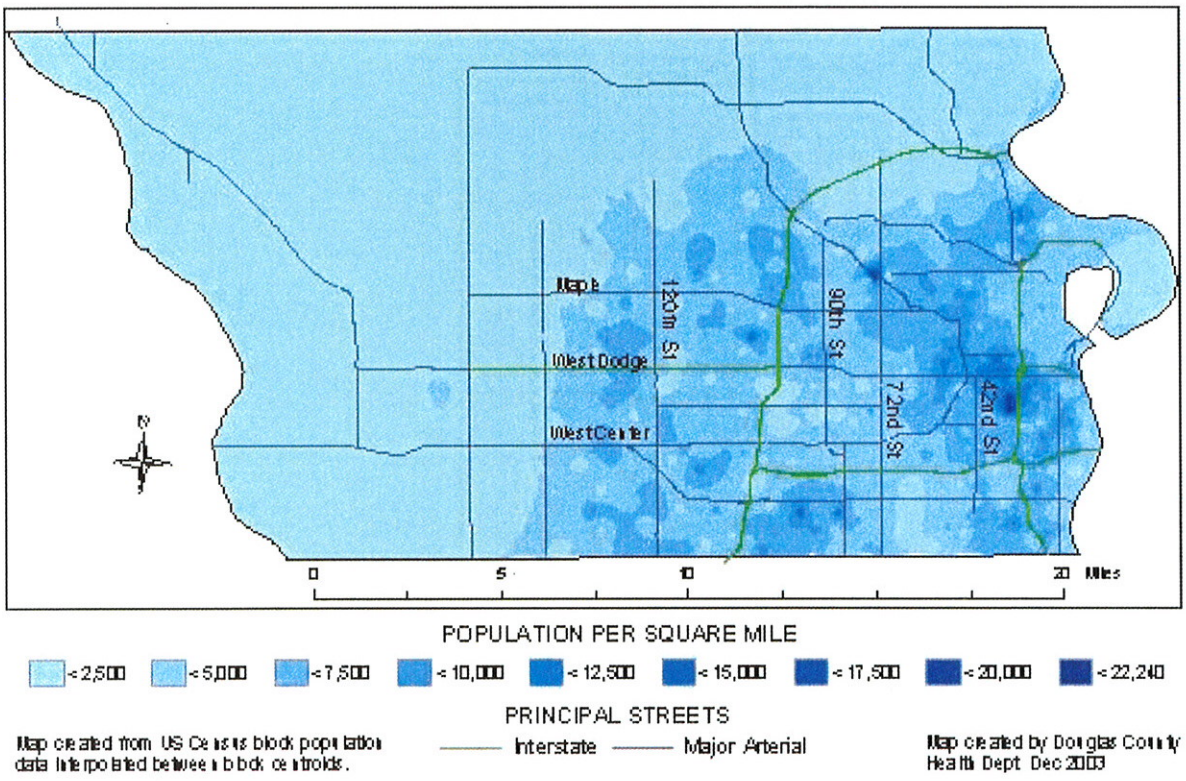
Douglas County is also home to several historic sites. These include: General Crook House Museum and Fort Dodge Campus, Boys Town, Florence Historic District, Joslyn Castle, Keirle Historic Home, Mormon Trail Visitors Center at Historic Winter Quarters, Omaha Historic Old Market, and Freedom Park. In addition, history is marked in the following Douglas County museums: Czechoslovak Museum, Durham Western Heritage Museum - Omaha's History Museum, Great Plains Black History Museum, Nebraska Jewish Historical Museum, and El Museo Latino. Finally, the County marks sites of birth places for Malcolm X and Gerald Ford.

Educational opportunities (i.e. number of schools, colleges, trade schools):
Educational opportunities within the County are quite numerous and varied. There are seven public school districts falling within the County. These include Bennington and DC West, as well as Elkhorn, Ralston, Millard, Westside, and OPS. The Nebraska Department of Education also lists 11 private schools in Douglas County. Douglas County is also home to Metropolitan Community College, eight other large private colleges, and two public universities. These include: Bellevue University (with campuses in Douglas and Sarpy Counties), Clarkson College, College of Saint Mary,

Creighton University, Grace University, ITT Technical Institute, Nebraska Christian College, Nebraska Methodist College, The University of Nebraska at Omaha and the University of Nebraska Medical Center.

Population (race/ethnic make up of county, age breakdown within county):
Although Douglas County varies widely in population density, it is considered 98% urban; 2% rural. Most heavily populated areas of the county fall in the eastern and southern sections, while the further western and northern sections are more rural.

**Douglas County Population Density 2000**



The US Census estimates that the total population of Douglas County is 492,000. The 2005 American Community Survey estimates population totals for all persons 17 and younger is 124,231. The following provides an overview of the county's demographics:

## Population Characteristics Summary

Douglas County, Nebraska 1998 - 2007

| Year | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Population** | 455,920 | 460,798 | 464,506 | 467,892 | 471,697 | 476,703 | 480,465 | 484,481 | 492,042 | 495,975 |
| **Population by Gender** | | | | | | | | | | |
| Male | 222,333 | 224,977 | 227,327 | 229,261 | 231,487 | 234,307 | 236,331 | 238,458 | 242,384 | 244,638 |
| Female | 233,587 | 235,821 | 237,179 | 238,631 | 240,210 | 242,396 | 244,134 | 246,023 | 249,658 | 251,337 |
| Population by Race/Ethnicity | | | | | | | | | | |
| White, not Hispanic | 366,042 | 366,979 | 365,861 | 366,502 | 367,265 | 369,126 | 368,716 | 368,574 | 368,989 | 367,838 |
| Black, not Hispanic | 53,447 | 54,580 | 55,861 | 56,323 | 56,819 | 57,331 | 58,220 | 59,145 | 60,040 | 60,885 |
| Am. Indian, not Hispanic | 2,685 | 2,755 | 2,645 | 2,681 | 2,681 | 2,717 | 2,746 | 2,781 | 2,920 | 2,945 |
| Asian, not Hispanic | 7,884 | 8,273 | 8,794 | 9,968 | 10,792 | 11,511 | 12,221 | 12,899 | 12,128 | 12,752 |
| Hispanic | 25,862 | 28,211 | 31,345 | 32,418 | 34,140 | 36,018 | 38,562 | 41,082 | 47,965 | 51,555 |

*Population Estimates above from Woods & Poole Economic Projections for Douglas County.

## Population Characteristics Summary

Douglas County, Nebraska 2000

| Population by Region | 2000 | |
|---|---|---|
| ENE | 46,428 | |
| WNE | 68,132 | |
| ESE | 67,107 | Population by region is not |
| WSE | 33,925 | available from Woods & Poole |
| NC | 50,607 | Economics Projections. |
| SC | 56,768 | |
| NW | 69,636 | US Census Data is collected |
| SW | 70,982 | once every ten years. |
| Total Census Population | 463,585 | |

| Population by Age Group | 2000 | |
|---|---|---|
| 0-4 | 34,293 | |
| 5-14 | 68,291 | |
| 15-24 | 68,308 | |
| 25-34 | 70,559 | |
| 35-44 | 74,001 | |
| 45-54 | 61,629 | US Census Data is collected |
| 55-64 | 35,008 | once every ten years. |
| 65-74 | 27,329 | |
| 75-84 | 17,826 | |
| 85+ | 6,341 | |
| | 463,585 | |

* Population Figures above from 2000 US Census

Douglas County Health Department 02/25/2008

## Priority Areas

Priority areas for the 2009 – 2011 Plan were determined through direct community feedback, survey results, and data.

Community Feedback:
A key source of determination of priority areas for the Plan was feedback from the community which resulted from widely varying sources. During the past three years there have been several events hosted by different groups in the community to assess the needs of youth and their families. The Douglas County Plan has drawn on the work of these groups, along with the Plan open forum meetings and Plan survey results.

The State Infrastructure Grant (SIG) hosted dialogues of both service providers and families, Alegent Health hosted a Decision Accelerator focused on Behavioral Health, the Empowerment Network hosted Summits ranging from youth only to the overall community and policy makers, Building Bright Futures hosted community-area specific forums for parents, youth, and community members. The Douglas County Board of Commissioners also invested in a study of the juvenile justice system (mentioned in the Community Team Section; further referenced as "ILPP Report").

These initiatives illustrate both the progression of the Plan process in Douglas County and the continued need for focus in these areas. Further, these efforts show that the 2006 – 2008 Plan was truly indicative of the community need.

In addition, feedback from the community directly related to Plan completion occurred at the Juvenile Justice and Provider Forum Meetings on August 21st and October 16th, 2008. Juvenile Assessment Center staff members also facilitated conversations at the Omaha Street School with youth, and a Parent Support Group hosted by Alberto Gonzales of the Boys and Girls club and Armando Martinez of the South Omaha Community Care Coalition, to directly discuss the needs of youth for the upcoming Plan.

SIG was an initiative formed from a grant received by the State in order to address the structure and function of behavioral health. Concerns yielded from these meetings in our community include the following brief list of needs: funding to support the use of evidenced-based practices and adequate training for professionals, more consistent assessment processes, increased service access and awareness, assistance with service coordination, school personnel trained in behavioral health interventions, parental supports, cultural competence throughout service settings, better care coordination, and greater youth and family advocacy. (see Appendix 4)

The DA hosted by Alegent Health was an intensive 2 day process of determining the most serious behavioral health concerns, across a continuum of areas of need ("Plank Areas"). Finally, a "Horizon Map" of suggested interventions was developed for time frames through 2012. This formal, facilitated process was attended by decision and policy makers ranging from schools, numerous service providing agencies, Health and Human Services, Medicaid, the medical community, faith-based community, family advocacy professionals, parents and previously system involved and behavioral health consumers, and funding organizations. Plank areas, which help to organize efforts, include: Early Childhood, Systemic Issues, Juvenile Justice Issues, Best Practices and Evaluation, Parental Support, Transitioning Out of the System, and Funding. (see Appendix 5)

The Empowerment Network has also been a large source of information and collaboration. The following brief description of the Network is taken from their website, www.empoweromaha.com, "Empower Omaha! African-American Empowerment Network: The focus of the Network is to empower the Greater Omaha area by developing and implementing a covenant and strategic Plan that accelerates the economic well being and quality of life progress of African-Americans, North Omaha and the City of Omaha. Our goal is to transform Omaha into a model city for all of its citizens. Our vision of the future is that African-Americans throughout the city, residents of North Omaha and citizens of the Greater Omaha area will be measurably successful and prosperous." The Network has hosted formal summits which have brought together community members from every sector of public and private interest, to include a great deal of participation from policy makers at the local, state, and national levels. In addition, this group has been able to access youth directly, and to illicit honest opinions and feedback from these young people.

"Building Bright Futures began in 2006, when a group of business, civic and political leaders came together to assess the status of our youth and ask whether young people were receiving the support and services they needed. Leading this effort at the outset were Omaha Mayor Mike Fahey and a group of committed citizens, including Richard Holland, Michael Yanney, Susie Buffett, Mary Ann "Andy" Holland, Wally and Barbara Weitz and Dianne Lozier." "Goals of Building Bright Futures 1. Improve academic achievement. 2. Increase the number of students who graduate from high school prepared for work or post- secondary education. 3. Provide post-secondary educational opportunities to every economically disadvantaged high school graduate in the two-county area. 4. Increase civic participation and community responsibility." (see Appendix 13 for reference to BBF Community Action Plan)

In addition to a comprehensive study completed by Stanford Research Institute (SRI) in 2007 (see www.buildingbrightfutures.net for full report), BBF hosted several community dialogues throughout the metro area. The following is a snapshot of results these conversations yielded:

**Community Outreach Summary - Helping Kids in Trouble**

**Ranking of BBF Task Force Recommendations**

1. Provide better support for families with kids in trouble
2. Develop coordinated community response to truancy
3. Provide incentives and options to improve attendance
4. Establish policies and procedures to improve attendance
5. Create more places in the community that address behavior
6. Develop more licensed behavioral health professionals

**Participant Generated Responses**

1. Assist families with parent education, parenting skills, and home visits
2. Assist families of incarcerated persons; offer stronger re-entry programs for youth
3. Provide true alternative programs, student incentives, and leadership programs for youth
4. Provide health care in schools, data on risky youth behavior, and licensed mental health providers (LMHPs)
5. Provide early screening and more support for teens in trouble

Cross-cutting themes exist throughout community feedback, regardless of the dialogue source. In each, issues highlighted include: truancy, youth violence, and parents' inability to effectively access helpful interventions for a variety of reasons. In addition, an overwhelming issue mentioned throughout relates to information gathering, data compilations, consistency, and dissemination.

Finally, conversations at the Omaha Street School and Parent Support Group yielded overwhelming feedback of hopeless and helplessness. Each group discussed how difficult it was to recognize intervention was needed, then to access or accept it when it did become available. As in more formal community conversations, a division between "us and them" parents/ youth and the "system" was echoed.

Survey:

An on-line survey was written and widely circulated throughout the community explicitly to gain feedback regarding the Comprehensive Plan. Questions included the respondents' roles in working with and/or relating to juveniles, views of currently stated priority areas, and opinions regarding future priorities. Respondents were also asked about other groups or initiatives addressing the priority areas, in an effort to building continue

open community collaboration and operational efficiency by joining groups and improving communication. Lastly, respondents were asked about the data they might have available to substantiate their opinions. The following chart shows a breakdown in respondents by agency type:

| The following BEST describes my agency The following | | |
|---|---|---|
| **Answer Options** | **Response Percent** | **Response Count** |
| No Agency - I am a Youth | 0.0% | 0 |
| No Agency - I am a Parent | 1.8% | 3 |
| Service Provider - Non-Profit | 36.5% | 62 |
| Service Provider - For Profit | 2.9% | 5 |
| School/ Education | 18.8% | 32 |
| Law Enforcement | 7.6% | 13 |
| Parent, Family, or Peer Support | 3.5% | 6 |
| Funding | 0.0% | 0 |
| Court Personnel | 4.7% | 8 |
| Government (state or local) - Delinquency/Status | 12.4% | 21 |
| Government (state or local) - Dependency/Child Welfare | 1.8% | 3 |
| Government (state or local) - Other | 10.0% | 17 |
| | ***answered question*** | **170** |
| | ***skipped question*** | **0** |

Survey participants, by percentage, closely mirror typical attendees at the JJPF. From the view of overall respondents, the following are the answers to the question, "Are Current Priorities (those listed in the 2006 – 2008 Plan) Serious Issues?"

| Priority Area | Strongly Agree | Count | Agree | Count | Total | Skipped |
|---|---|---|---|---|---|---|
| Truancy | 63% | 104 | 33.30% | 55 | 165 | 5 |
| Early Assess | 38.40% | 61 | 49.70% | 79 | 159 | 11 |
| MH Capacity | 63.70% | 100 | 31.20% | 49 | 157 | 13 |
| Re-Integration | 44.70% | 68 | 41.40% | 63 | 152 | 18 |
| Communication | 45.40% | 69 | 45.40% | 69 | 152 | 18 |
| DMC | 56.70% | 85 | 26.70% | 40 | 150 | 20 |
| Violence | 75.70% | 115 | 21.10% | 32 | 152 | 18 |

Again, survey results also echo community feedback from parents, policy makers, youth, service providers, and other professionals from all other types of forums, community dialogues, and meetings polled.

Survey results reflect the need to continue focus on the 2006 – 2008 identified priority areas regarding the question, "Should Current Priorities Remain for the 2009 – 2011 Plan?"

| Priority Area | Overall Agreement (strongly agree and agree) |
|---|---|
| Truancy | 95.10% |
| Early Assess | 92.40% |
| MH Capacity | 94.90% |
| Re-Integration | 86.30% |
| Communication | 91.40% |
| DMC | 84.80% |
| Violence | 95.40% |

Data:
Data from various sources clearly points to the necessity to continue an overarching community focus in the identified priority areas. Data points are listed here with priority areas in no specific order of importance; only by order addressed on the survey. Much data is included throughout and in the Appendixes of this Plan. Examples of data highlights are listed as follows:

Increase awareness of truancy and decrease its incidence through a combined effort of the schools, service providers, and law enforcement.
As stated in the Strategies section of this Plan, "On any one day, more than 3000 Omaha Public School students are absent from school, 1 in 10 high school students in 2005-2006."

Improve families' ability to access assessments and services prior to formal action being taken against a youth or family.
The Emergency Room at Immanuel Hospital is seeing an average of 5 youth in crisis per day. This does *not* include data from any other community hospital Emergency Rooms. This does not include crisis calls. This is the actual average number of youth brought in (by self, provider, parent or police) per day.

Develop appropriate mental health interventions for juveniles in Douglas County.
2007 statistics from DCYC indicate that during the calendar year 425 youth admitted to the facility were taking unspecified psychotropic medications, 164 were taking stimulants, 282 were taking antidepressants, and 20 were taking anti-anxiety medications. Likewise, at the Juvenile Assessment Center, similar behavioral health trends were reflected. Nearly 40% of all Diversion Case Plans (467) approved by the Juvenile County Attorney through the Juvenile Assessment Center in 2007 contained at least one behavioral health related requirement due to needs identified during the assessment process.

Create and implement programming to support juveniles' successful re-integration with family, school, and community following formal interventions.
Unfortunately, this area remains unchanged from the information contained in the 2006 – 2008 Plan which states, "this priority involves several different layers of the justice system, including, pre-arrest counseling and services, the Douglas County Youth Center, diversion, drug court, Probation, and OJS. In particular, members of the planning process identified the following re-entry issues which deserved attention:

- Maintaining and correcting for a juvenile's interrupted education when detained or placed outside their home
- Retaining and repairing supportive family relationships
- Developing community-based sources of support and reinforcement so the burden or re-integration does not rest solely on families
- Developing activities to which youth have an interest in making long-term commitments that further inoculate them against repeat offending or relapse."

Create a juvenile justice forum to regularly meet to network, report on local programming efforts, discuss grant applications, and serve as a catalyst for the community.

The ILPP Report commissioned by Douglas County to study the overcrowding issue at DCYC contains strong language which emphasizes the need for open and effective communication across all levels of the system. Juvenile needs can only be addressed with increased communication at both practice *and* policy levels.

Reduce the over-representation of minorities within the juvenile justice system.

As stated in the Strategies section of this Plan, "African American youth were arrested 3 times the rate of Caucasian youth", and "were almost 2 times as likely to be detained".

Reduce the overall incidence of youth-violence in the community.

Data collected by the Omaha Police Department shows the following number of arrests (of youth 17 and younger) in 2007: 7 forcible rape, 35 felony assault (30 male; 5 female), 93 weapons charges (87 male; 6 female).

**Other Problem Areas:**

There were also areas of concern highlighted in many of the community conversations, as well as noted in the Plan Survey under "other problem areas". Some of these are already included, in part, in existing priorities, and some are far more targeted than existing priorities. Like most of the priorities, these issues effect youth both inside and outside of the formal justice system. They include: homelessness, youth transitioning out of the system (and into adulthood overall, for those non-system involved youth), teen pregnancy and teen parenting, un- and under-employment, and Sexually Transmitted Disease (STDs). Please see Appendix 8 for information on these issues, to include data and initiatives.

**Strategies**

Douglas County will continue to utilize the Juvenile Justice and Provider Forum (JJPF) structure and organization, with oversight from the Juvenile Justice System Coordinating Council (JJCC) and the Board of Commissioners Child and Youth Services Committee, to maintain focus and progress in the identified priority areas during the 2009 – 2011 Plan cycle. Progress lies with the individuals, agencies, and entities most closely associated with and directly addressing each priority area.

The following committee reports, including strategies, were developed using County Plan guidelines for committees already existing under the JJPF umbrella. In addition, strategies of other community groups and initiatives are included in the format or context of their own working groups. These again are listed in the order addressed on the survey; not in any order of projected importance.

**Increase awareness of truancy and decrease its incidence through a combined effort of the schools, service providers, and law enforcement**

The following text, in its entirety, was written by Steve Snodgrass, MCAC Making Attendance a Priority/ JJPF Truancy Chair, with the assistance of the committee.

A continuation of this strategy of cross-agency collaboration is not only critical, but necessary at this time as efforts from 2006-2008 have resulted in a refinement of specific initiatives developed over the last two years. Moreover, truancy by its definition will continue to be a complex, multifaceted problem impacting all phases of the continuum of services in the schools and juvenile justice system. Truancy will therefore remain an issue, consistent with national OJJDP recommendations, requiring such a combined effort.

On any one day, more than 3000 Omaha Public School students are absent from school, 1 in 10 high school students in 2005-2006. From 2004-2005 to 2005-2006 in the Omaha Public Schools, daily absences fell from approximately 12% to 11% in grades 9-12. Average daily attendance from 2004-2005 ranges from 91% to 97% in Douglas County public school districts. In addition referrals to the Douglas County attorney for truancy fell from 445 in 2005 to 301 in 2006.

However, these seemingly high rates of attendance and positive trends are not reflected in truancy rates, nor do they provide an accurate measurement of the problem. Truancy days in the Omaha Public Schools from 2004-2005 to 2005-2006 rose 16%, from 6,469 to 7,512. However, it should be noted that truancy days can be defined differently based on the school districts definition of "truant day". A truant day may mean simply an unexcused absence, where neither the parent nor the school knows the student's whereabouts. Equal to concerns of that type are absences from school that are condoned or excused by a parent, defined as "absent without a reasonable excuse". The latter must be determined on a case by case basis and documented or updated in a child's attendance record. Truancy rates reported to the Nebraska Department of Education are therefore accurate but partial measures that do no lend themselves to cross district comparison.

Attendance rates, truancy rates and referrals to the Douglas County Attorney's Office for truancy will remain the most reliable measurements of progress, but they must be understood in context. For example, as awareness of truancy and the importance of school attendance increases as a result of our attention to this priority area, truancy rates and referrals

may increase simply as a result of better coordination and understanding of the nature of the problem.

There continues to be no shortage of collaboration on the issue of truancy and accessible absenteeism in Douglas County. Since 2006, four subcommittees were established and have begun to address different aspects of the problem.

Primary Prevention Subcommittee: designed to address school engagement and building climate issues to create an inviting and welcoming atmosphere to all students.

Secondary Prevention Subcommittee: designed to address school attendance issues primarily at the school level. This includes early identification, improved assessment and intervention practices primarily at the school level for students with attendance issues.

Pre-Court Intervention Subcommittee: designed to build capacity of services in the community targeted at different categories or reasons for excessive absences from school, for students with truancy patterns.

Justice Intervention Subcommittee: designed to address system issues including legislation, and policies and procedures across school districts, law enforcement and juvenile justice agencies. This subcommittee is also designed to improve practices for students/families already involved in the court system.

Each subcommittee is comprised of cross constituent membership across various public and private community agencies. Each subcommittee was formed in 2007, has chairs and/or co-chairs, and has submitted preliminary progress reports and updates which are available at www.mcacomaha.org/truancy.html

(From outline provided to committees: Please answer the following questions (A – F) regarding the past and current efforts related to this Priority Area)
A. Services already in place (to deal with those issues):
- Subcommittee structure developed in 2006-2007
- Recent formation of the Truancy Abatement Program at North High (OPS/OPD/B-G Club grant from Crime Commission.)

B. Services needed (to address the issues):
- Diversion (JAC) specialists in truancy
- Diversion services with trackers and parent involvement

- Capacity for Student Attendance Review Boards or Teams (SARB/SART) to address truancy differently in the juvenile justice system and separate juvenile courts.
- Cross-district and cross-agency training on school refusal and the 20 developmental assets.
- Public awareness campaign pertaining to Primary Prevention.

C. Determination of the gaps/needs within the county:
- Investigatory responsibilities of HHS vs school districts related to educational neglect.
- Pre-Court intervention strategies and services for students and families prior to referral to the County Attorney's office.
- Lack of accurate and context-specific measurement and data sources reflecting status and progress related to truancy and excessive absenteeism.
- Lack of membership from the medical community.

D. Strategies Implemented over Past 3 Years:
- Subcommittee structure (above) to address 4 stages of student trajectory in the system.
- Student Move Notification Form used across districts to track truant students as they might move from district to district to avoid prosecution.
- Refinement of the uniform Referral for Violation of Mandatory Attendance Policy form.
- Twice annual large group meetings of all committee members.

E. Accomplishments:
- Cross constituent membership in 4 subcommittees
- Preliminary training on school refusal assessment survey (SRAS-R)
- Implementation and beginning use of the Student Move Notification Form.
- Collaboration with Building Bright Futures Truancy and Recovering Lost Youth Task Force.
- An active and involved Steering Committee to oversee and coordinate objectives identified from subcommittees.
- Updated and rewritten Best Practices Manual for Schools

F. Challenges:

- Coordination and communication with the medical community on doctors notes and medical excuses for school absences.
- Use and practice of SRAS-R and 40 developmental assets to create a common language and means to identify resources and services needed in the community and to address children's needs in a more targeted fashion.
- Ongoing concern related to the inadequacy of the current definition of truancy, i.e. absent from school without a reasonable excuse.

- Funding sources and grant writing services to request funding for initiatives developed by each of the 4 subcommittees.
- Determining ways to identify and impact attendance and truancy rates in schools with attendance rates between 80-90%

2009-2011 PLAN:
Strategy 1:
Allow the steering committee and 4 subcommittee structure of the JJPF Truancy Committee to continue organizing a 4 quadrant, integral approach to reduce truancy and excessive school absenteeism. Allow each subcommittee to identify their respective resources and barriers, create initiatives, and identify funding sources when needed.

Who: Steve Snodgrass, Chair. Subcommittee Chairs and Co-Chairs.

Timeline:
Subcommitee 1: Primary Prevention
Public awareness campaign in 2008-2009 school year
Powerpoint training on school engagement 2008-2009

Subcommittee 2: Secondary Prevention
School Refusal Training October, 2008 and February 2009
Developmental Asset training in 2008, ending in 2009
Best Practices Manual for Schools dissemination and education, 2008-2009

Subcommittee 3: Pre-Court Intervention
Capacity building for community and diversion services, 2009
Community mapping of community services related to truancy, 2010

Subcommittee 4: Justice Intervention
Legislation and policy procedure education and proposed changes, 2009
Invitation to meetings and coordination with medical community, 2010
Creation of team/s akin to SARB/SART by 2010
Implementation of team/s akin to SARB/SART, 2011

Resources:
Volunteer membership in steering and subcommittees.

Expected Result(s):
Temporary spike in truancy referrals and truancy rates in 2008-2009 and 2009-2010 school years. Reduction in these rates beginning in 2011. (see Appendix 7)

Two of the priority areas identified in the previous Plan relate directly to behavioral health. These are:

**Improve families' ability to access assessments and services prior to formal action being taken against a youth or family.**

And

**Develop appropriate mental health interventions for juveniles in Douglas County.**

Prior to the 2006 – 2008, countless groups throughout the community were working in different areas related to portions of these. However, no single group focusing specifically on these areas could be identified. The Adolescent Behavioral Health Committee (Initially called JJPF-Juvenile Mental Health) was formed in December 2006 as a result of efforts to establish cohesive and targeted groups for these areas and to assist in linking groups together in the interest of efficiency and not duplicating efforts.

At the initial meetings, the Committee decided to combine and address both priority areas, as there was so much overlap involved in the subject areas, as well as attendees' interests in both areas. These two priority areas are further discussed as follows:

**Improve families' ability to access assessments and services prior to formal action being taken against a youth or family.**

The 2006 – 2008 Plan states, "Since youth and families outside the formal system of sanctions are not connected to particular system point, data on their unmet needs does not exist. Nonetheless, providers and justice officials involved with the community Planning process widely agreed that additional options needed to be developed to link families with services when they seek help."

Unfortunately, this priority area remains unchanged to date. Feedback elicited through various community meetings, discussions throughout Behavioral Health Committee meetings, as well as survey results all continue to name specifically name this area as a priority. Further, it appears as though since this priority was named in the 2006 – 2008 Plan, efforts to gain data projections in this area have stalled, resulting in even less data available to substantiate this concern for the current Plan.

We do have access to data relating to youth and families served. For instance, we know that Region 6 Professional Partners served the following number of youth (in the corresponding years): 2006: 426, 2007: 306, 2008: 266. However, we are not able to differentiate how many of these were pre-adjudication/ diversion referrals or how many actually became system involved during or after intervention.

The Juvenile Court, County Attorneys Office, Juvenile Assessment Center, Youth Detention Center, United Way 211, police departments, schools and countless service providers throughout the community routinely field calls from exasperated parents. These calls (referred to within the systems community as "status calls") range from immediate crisis situations, where professionals recommend an emergency room visit, to calls regarding a parent having already attempted a wide array of service interventions with unsuccessful outcomes and /or a child who will not participate in any type of intervention appointment attempted by a parent. There are reportedly no formal data collection methods currently in place to track or account for these calls.

In the last few months of 2008 national attention was focused on this area due to Nebraska's Safe Haven Law. Initiatives, policy revisions, funding and agency procedures have been placed under a microscope, ensuring continued attention to, and hopefully progress on this priority area.

**Develop appropriate mental health interventions for juveniles in Douglas County.**

This behavioral health related priority has also remained virtually unchanged in its importance. It has been noted that it is not simply the lack of a coordinated system of care that is failing youth in Douglas County, it's the inability for our community to *appropriately* serve youth with current funding streams.

Treatment and placement options are limited greatly due to issues related to funding. From families who have private insurance, but have exhausted all resources, to youth who receive Medicaid and are continually denied services recommended due to level of care restrictions, families and providers struggle to meet these youth needs. Over time, many of these youth do end up system involved either in order for services to be procured, or because the youth progresses into the system as their needs go unmet.

Clearly both priority areas related to behavioral health are interconnected. Likewise, both demand specific attention to funding streams, across the continuum of sources and of needs, in order to begin to be adequately addressed during the 2009 – 2011 Plan cycle.

Questions related to both of these priorities are answered in the singular following section, as the vast majority of services in place or needed, progress, and challenges all affect both distinct priorities:

A. Services already in place (to deal with those issues):
Pretreatment Assessments, Mental Status Exams, Psychological Evaluations and Services, Truancy Screening with School Refusal Assessment, Outpatient Mental Health Treatment, Outpatient Chemical Dependency Treatment, Anger Management Groups, Drug and Alcohol Education Classes, Early Childhood

Behavioral Development Programs, Developmental Disability Therapy, numerous counseling opportunities within and near schools, Region 6 Professional Partners, RSAFE program for sexual perpetrators and victims (and their families), and In-Home Family Services for Medicaid recipients

There are also services in place for youth who have become "system" involved. The Douglas County Juvenile Assessment Center provides mental health screening and referrals to youth who have come to the attention of the County Attorney's Office. Youth Links is an OJS funded assessment and transition facility. This juvenile triage center was initiated to provide system involved youth an opportunity to complete evaluations without being housed at DCYC, and to provide transition opportunities for youth awaiting or returning from out-of-home placements.

B. Services needed (to address the issues):
Family Support Work/ Preservation/ Prevention/ In-Home Services, Community Treatment Aids, Parent Educators, Parent Mentors, Youth Mentors, Crisis Response Teams, Social Marketing within the community, Consumer feedback following services regarding whether information and assistance actually was helpful, updated directory which is accessible to consumers, not just providers / Funding to support training and appropriate interventions

C. Determination of the gaps/needs within the county:
The following gaps or needs were specifically noted by the Behavioral Health Committee:

- Consistent and comprehensive data collection
- Information such as a "how to" pamphlet on how to negotiate through the process (people to call, phone numbers, etc). This would help alleviate the problem of different providers handing out different sets of information and advice. Parents feel like they are getting the "run around".
- Emphasis on placing families first; "Family Centered Practice"
- The need for more services for kids that are not state wards (emphasizing the concern that youth (or families) often are not able to access adequate interventions unless they become system involved). cannot access services unless they are already in the system
- Continued and increased communication is needed between the schools and the overarching service providing community to ensure we are educating our school counselors and other professionals about assessment and early intervention services
- Assisting parents when youth choose not to participate in voluntary services
- Culturally competent providers (Although a wide array of providers exist throughout the community, resources don't always allow for matching clients with the most effective and/ or appropriate services.)
- Services for special needs (IQ, medically fragile, sexual offenders)

- Placements for youth who have both severe aggressive behaviors and other diagnosis
- Need more funding opportunities for early intervention services
- Attention has been recently focused on new HHS reforms and initiatives. In addition, many providers have attempted, and are continuing to pilot evidence-based practices (EBPs) and programs that best serve clients, while meeting requirements set forth by DHHS and Medicaid. However, the prevalence of EBPs is lacking mostly due to funding.
- Respite services

D. Strategies Implemented over Past 3 Years AND E. Accomplishments: Strategies and community efforts in the area of Behavioral Health over the past three years have been phenomenal. These include trainings and other educational opportunities, as well as direct service program implementation. A comprehensive list of community service provider efforts is nearly impossible to fully name. The following list is reflective of the overall community efforts. This list certainly is not all encompassing, but is representative of most "systems" agencies, as well as those collaborating closely with public agencies.

Coercion Free Nebraska, Working with Trauma Informed Care Nebraska to reduce and eliminate seclusion and restraints in mentally ill youth settings, hosted several mini-conferences. Omaha Independent Living Plan and implementation. LB1184 Treatment Teams. Alegent Health's Decision Accelerator, Coalition for the Advancement of Children's Mental Health, Teen Screen expanded, TRY Team implemented (for transition youth), Pilot programs between Alegent Health and OPS placing LMHPs in schools, Kid Squad (preventive program to address behavior problems in preschool children so that they are successful in kindergarten), Grants for Developmental Delays and Domestic Violence, Plans solidified to pilot an evidence based measure of DHHS to help therapists adapt to clients, UNMC Sponsored Criminal Justice and Mental Health conference specifically for systems professionals, Youth Links (juvenile triage center).

Region 6 Annual Youth Services Conferences: 2006 "Behind Closed Doors: Children and Meth", 2007 "Children in Poverty: Brink of Despair or Hope for the Future", 2008 "Invincible: Youth's Risky Behaviors". Region 6 also hosted ongoing Professional Partner trainings and provider fairs.

Activities specifically hosted by or in conjunction with the Nebraska Family Support Network (NFSN):
- IEP Training for both parents and youth.
- Numerous focus groups, parent panels, and presentations to community groups.
- Youth Leadership workshop for youth with mental/behavioral disorders.
- Children's Mental Health awareness week activities.
- Held a Celebrate Recovery picnic.

- Chaired the Parental Support Subcommittee (of the JJPF BH Committee), whose outcomes and information are being used in the development of the SOC grant.
- Hosted a support group for parents (discontinued it due to lack of participation).

F. Challenges:
Funding continues to be the largest notable challenge in the realm of Behavioral Health. Many families, even with private insurance coverage, have very limited resources to cover the costs of what the youth or family needs are. In addition, limitations set by DHHS, Medicaid and Magellan continue to be the biggest obstacle to appropriately funded services for those families who utilize Medicaid or youth who are wards of the State.

A review of the list of gaps and needs also clearly indicates many of the challenges facing the community with regard to the behavioral health spectrum.

2009 – 2011Plan:
Strategy: The JJPF Behavioral Health Committee will continue to address these priority areas utilizing the Decision Accelerator Horizon Map as a guide. The group will continue to review each Plank area, asking for sub-committees to be formed as needed to address each sub-topic. In addition, as community needs come to the forefront, these groups will re-focus efforts where needed. For example, if a grant opportunity becomes available, appropriate members of the group will meet to place increased attention and resources toward the application. Likewise, when the Safe Haven crisis began to occur, members of the committee formed a Crisis Response Sub-Committee to collaborate with policy makers and funding organizations on potential proposals to aid families and alleviate the issues caused by current practices. (see Appendix 5)

**Create and implement programming to support juveniles' successful re-integration with family, school, and community following formal interventions.**

Juvenile re-integration is a cross-cutting theme that surfaces in nearly all other priority areas. However, this has been an area of great difficulty regarding community collaboration and coordination over the past three years. Each sector of the formal juvenile system seems to have its own definition of and policies in place regarding re-integration. In addition, it is nearly impossible to procure data directly related. Survey results gained for the purpose of completing this Plan, as well as formal and informal feedback from parents, youth, service providers, and systems professionals led to continuation of this priority area for the 2009 – 2011 Plan.

A. Services already in place (to deal with those issues):

Entities that in part address re-integration include: Region 6, Community Corrections, DCYC, HHS, OJS, and all service providers offering out-of-home services

B. Services needed (to address the issues):

The following is a list of services related to Re-Integration that has been identified within the JJPF, the Re-Integration Committee, the Behavioral Health Committee, and the County Plan Survey:
Respite Care, Wrap-Around, Family-Centered Services, Crisis Management, Transitional Housing, Vocational Rehab and other Opportunities, Alternative Education, Mentoring, Formal Re-entry, School Liaisons, Mental Health Counselors available at Schools

C. Determination of the gaps/needs within the county:

A more accurate list of gaps and needs cannot be compiled without further coordination in and focus on this area.

D. Strategies Implemented over Past 3 Years: AND E. Accomplishments:

One major effort which has been a local collaboration is the new Juvenile Triage Center, Youth Links. This HHS-OJS RFP was awarded to Heartland Family Services and Boys Town. This facility serves system involved youth. The last phase of the Youth Links functions began in October 2008. Youth incarcerated at Kearney or Geneva are provided furloughs through this facility. During these furloughs youth are linked to various community supports, as well as having the opportunity to re-integrate into their families.

Also closely related to Re-Integration is the Behavioral Health issue *Transitioning Out of the System.* There are numerous groups in the community addressing this issue, to include: TRY Team, CSI, NC & FF, Partners Network. Some groups have specific focus and criteria (for instance system involved youth or youth with a behavioral health diagnosis). Efforts are underway to improve knowledge of and coordination between community groups. The JJPF Re-Integration Committee began work on compilation of a list of community providers who could address re-integration issues. (see Appendix 5)

F. Challenges:

As mentioned earlier, knowledge and coordination of the varying efforts related to juvenile re-integration, as well as the lack of specific data related to the issue continue to be the two largest challenges in this priority area.

2009 – 2011Plan:
Strategy: Work with existing committees addressing Behavioral Health and Truancy in order to better coordinate existing efforts and to identify true needs and interventions. This will be accomplished through cross-constituency committee membership, and coordination through the JJPF Forum meetings.

Collaborate with schools to identify how existing "grief groups" may be tailored to meet the needs of youth re-integrating into differing settings. (see Appendix 9)

**Create a juvenile justice forum to regularly meet to network, report on local programming efforts, discuss grant applications, and serve as a catalyst for the community.**

Douglas County has experienced increased growth, cohesiveness, and focus regarding juvenile justice issues over the past three years. There has been an evolution of communication among existing committees and working groups. Already established groups are comprised of stakeholders most interested in and affected by the comprehensive Plan have placed increased focus on opening communication across the systems and service providing community. As mentioned in the Community Team section, the Juvenile Justice and Provider Forum (JJPF) was formed as a direct result of the 2006 – 2008 comprehensive Plan. This forum has provided much of the foundation needed to serve as a community catalyst. However, there is much progress yet to be made.

Also mentioned in the Juvenile Justice System Analysis Tool section, Douglas County has recently placed increased focus on communication within and among the systems agencies themselves. This focus came as a result of a study commissioned by Douglas County, which highlights the need to address these issues immediately. An example of this is exemplified by the study's statement, "the enormous complexity of the Nebraska juvenile justice system causes frequent disagreements regarding the current interplay between involved agencies and what should happen". (see Appendix 13 for reference) This ILPP Report, from April of 2008, goes on to make the following recommendation, "Establish a Juvenile Justice Coordinating Council (JJCC) made of the key gatekeepers: high level policy makers from all justice agencies including State officials managing Probation, OJS, Division of Behavioral Health, and the Division of Children & Family Services." This recommendation has begun to be addressed through the formation of the JJCC, with Commissioner Rodgers and County Attorney Goaley as chairs.

Communication needs are varied. However these two groups, with distinctly differing purposes within the realm of communication, have formed a firm foundation for the County with regard to juvenile issues.

A. Services already in place (to deal with those issues):
Formal County facilitated forums or councils were not in place to address these issues directly prior to the 2006 – 2008 Plan.

B. Services needed (to address the issues):
Although the JJPF (working and communications Forum) has been well-established and JJCC (Policy Council) has been newly formed, there is continued need for central coordination, specific focus, and administrative support and resources. In addition, as with other priority areas, it is difficult to substantiate these needs without formal data base and compilation.

C. Determination of the gaps/needs within the county:
Improved communication needs are echoed in feedback received through focus groups and the Plan survey. These needs are felt and expressed by youth and families, service providers, and systems professionals.

D. Strategies Implemented over Past 3 Years:
Formation of the Juvenile Justice and Provider Forum (JJPF) and Juvenile Justice Coordinating Council both occurred during the 2006 - 2008 Plan period.

E. Accomplishments:
Accomplishments related to the JJPF include: regular meetings and e-mail information sharing across all priority areas, presentations across many sectors of the community in an effort to expand the JJPF network, and collaboration to complete the 2009 - 2011 County Plan.

The JJCC has experienced early success in attendance of key stakeholders, and beginning work toward addressing other ILPP recommendations.

F. Challenges:
The largest challenges to communications issues are two-fold: leadership and funding. First, the Douglas County Juvenile Assessment Center, along with assistance from the Mayor's office, has taken the lead in building and maintaining the JJPF. However, this staff role is not dedicated specifically to juvenile justice communication and coordination across the County. Likewise the JJCC Chairs serve in their role in addition to other full-time responsibilities. Therefore, central coordination of both the Forum and the Council lies with particular individuals as an addendum, rather than with a specific justice coordinator as a focus. Second, there is no current funding associated with maintaining clerical, administrative, or other support for the JJPF or the JJCC.

<u>2009 - 2011Plan:</u>
<u>Strategy:</u> The JJPF will continue to hold regular meetings under the same information sharing, open participation format. These meetings will occur every other month, the 3rd Thursday of the month (beginning in 2009 on February 19th), from 3:00 - 5:00 p.m. at the Alumni Center at UNO. JJPF chairs will also use survey results, naming other community organizations or initiatives with a similar focus, to continue to enhance community relationships and communication.

The JJCC will continue to hold monthly meetings focused on agenda items pertaining to systems issues and ILPP recommendations.
(see Appendix 1)

**Reduce the over-representation of minorities within the juvenile justice system.**

The following text, in its entirety, was written by Regina Tullos-Williams, Disproportionate Minority Contact Committee (DMC) Committee Co-Chair, with the assistance of the committee. This format differs from other committee reports and summaries, as this priority area relates more to policy and systemic issues than youth focused programming and initiatives.

*Preface*
*Too many minority youth are exposed to risk factors known to be common precursors to delinquency, including poverty, unemployment, school failure, unstable families, and neighborhoods plagued by violence. While the statistics highlight the magnitude of disadvantage threatening the development of African American and children of color, it is important to remember that the majority of youth of color are not involved with the juvenile or criminal justice systems. Sometimes these startling statistics may inadvertently reinforce stereotypes that youth of color, particularly African-American poor urban young men, are prone to violence and criminal activity simply because they are considered "at risk."*

Douglas County Disproportionate Contact Committee has been in existence for the past three years. The committee is composed of representatives from juvenile justice system, law enforcement, and community-based agencies. The committee meets on a monthly basis.

The 2006-2008 Douglas County Juvenile Services Comprehensive Plan identified the over-representation of minority youth within the juvenile justice system as a priority. This update, for inclusion in the revised Plan renews the call to action to continue to evaluate if our current legal system operates from the creed, "equal justice under the law."

Over the past twenty-four months the Committee's has worked to achieve the following recommendations:

**Recommendation #1** - Establish an address verification process to be completed by youth and their families prior to each court proceeding. Proper notice of court hearings and maintaining accurate records of parties associated with juvenile court cases continues to be a problem. The proliferation of cell phone usage, by families and youth, is associated with continually changing phone numbers and lack of phone service.

**Impact:**

1. Over the past thirty-six months the Committee worked with the Douglas County Juvenile Court Clerk to create and implement the ***Verification of Addresses and Telephone Number Form.*** This information is verified at all subsequent hearings except status checks and pretrial.
2. Parents are required to complete an Intake Form at the initial appearance.

**2008-2010 Recommendations:**

1. Determine the gaps/needs within the County in collecting data at the different points throughout the juvenile justice process.
2. Develop an awareness campaign to increase youth and parents awareness of the consequences of missing court. Increasing awareness will reduce the number of bench warrants issued due to lack of appropriate notice of court hearings. Youth of color continue to have higher rates of failure to appear (FTA) for court proceedings.

**Recommendation #2** - Streamline the Juvenile intake process at DCYC

**Impact:**

1. A probation officer is available in person or on-call 24 hours per day, seven days per week to complete the intake process.
2. The Omaha Police Department changed their Standard Operating Procedures in December 2005 in order to comply with State law regarding juvenile intake. Officers arresting juveniles will contact the State probation (intake) officer for authorization to detain youthful offenders on all arrests with the exception of warrant arrests. This is the procedure being taught in the academy and represents a cultural shift for OPD officers who previously were not required to contact the Intake Officer for detention requests on juveniles 16 & 17 years of age. Arrest, booking and detaining represent different points in the process and this remains an on-going training issue.

| Time Period | Average Daily Population | Average Length of Stay |
|---|---|---|
| November 2007-October 2008 | 167 | 32 |
| November 2006-October 2007 | 167 | 32 |
| November 2005-October 2006 | 153 | 33 |

**2008-2010 Recommendations:**

Remain mindful that management of the DCYC has no authority over who is admitted into the facility and the length of time youth are held pending case resolution. The decision makers at the contact points prior to confinement

are the power brokers for decreasing the population and average length of stay and for positively impacting disproportionate minority contact (confinement) in Douglas County.

According to Douglas County Secure Juvenile Detention: Study of Crowding Updated and Corrected Final Report, May 26, 2008 as presented to the Douglas County Board by ILPP, Institute for Law and Policy Planning, admissions at DCYC should be reduced by 50 percent. ILPP also recommends that, Douglas County, through a newly formed "gatekeepers group" should assume a prominent management role in controlling the system that populates the DCYC.

**Recommendation #3** -Address communication barriers with Non-English speaking youth and their families

**Impact:**

1. The Juvenile Court Delinquent Handbook has been translated into Spanish and two Sudanese languages.
2. "The "Go to Court, Make it Right" cards are in English and Spanish.
3. The Coordinator of the Implementation Committee noted our local DMC committee's idea to revise the Nebraska Law enforcement ticket to include a box indicating whether a translator is needed.

**2008-2010 Recommendations:**

The Committee has exhausted its' ability to impact the translation of court documents and tickets into Spanish or Sudanese. The committee will remove, "Communication barriers with Non-English Speaking Youth and Their Families" as a strategy. The Minority Implementation Taskforce of the Nebraska Supreme Court will be working in 2009 to translate court and probation documents into various languages. The DMC Committee will continue to monitor this.

**Recommendation #4** -Systematically collect data on all youth in the Douglas County Juvenile System. Comprehensive and systematic data are currently not available on youth processed through the Douglas County juvenile justice system.

## TABLE 1

**Relative Rate Index Compared with White Juveniles**

Reporting Period 01/01/2007 through 12/31/2007

State : Nebraska

County : Douglas

| | Black or African-American | Hispanic or Latino | Asian | Native Hawaiian or other Pacific Islanders | American Indian or Alaska Native | Other/ Mixed | All Minorities |
|---|---|---|---|---|---|---|---|
| 2. Juvenile Arrests | 2.84 | 0.04 | 0.24 | * | * | ** | 1.39 |
| 3. Refer to Juvenile Court | 1.95 | ** | ** | * | * | ** | 1.93 |
| 4. Cases Diverted | 0.49 | ** | ** | * | * | ** | 0.64 |
| 5. Cases Involving Secure Detention | 1.12 | ** | ** | * | * | -- | 1.28 |
| 6. Cases Petitioned | 0.95 | ** | ** | * | * | ** | 1.06 |
| 7. Cases Resulting in Delinquent Findings | 1.15 | 1.48 | ** | * | * | ** | 1.14 |
| 8. Cases resulting in Probation Placement | 0.90 | 1.22 | ** | * | * | ** | 0.94 |
| 9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities | 1.57 | 1.43 | ** | * | * | ** | 1.69 |
| 10. Cases Transferred to Adult Court | 0.53 | 2.30 | ** | * | * | ** | 0.66 |
| **Group meets 1% threshold?** | Yes | Yes | Yes | No | No | Yes | |

Key:

Statistically significant results: Bold font

Group is less than 1% of the youth population *

Insufficient number of cases for analysis **

Missing data for some element of calculation ---

**Data Source: The State DMC coordinator, Ne Crime Commission**

The DMC Committee using the data presented in Table 1 has drawn three main conclusions:
First, there is clear evidence and little room for disagreement that there is noticeable level of Disproportionate Minority Contact in the Juvenile Justice System especially for African American and Hispanic youth. African American and Hispanic youth are generally more likely to have contact with the juvenile justice system at all stages, from arrest to confinement.

Second, the often stated reason for disproportionate minority contact reflects the differences in offending rates among different racial/ethnic groups. The data collected from Juvenile Assessment Center, Omaha Police Department, and Juvenile Probation is limited to information regarding characteristics of the offense (e.g. its seriousness), and demographic characteristics. The data collected does not include information on prior delinquent behavior, or the characteristics of juveniles to determine what role they may play in understanding DMC.

Third, unfortunately, data specific to Latino youth continues to be a problem. The DMC questioned the accuracy of the data presented in this report. It is recommended that the collection and presentation of data on Latino youth in the Juvenile Justice System be evaluated for inconsistencies such as fail to disaggregate ethnicity from race and the underreporting that occurs as a result.

**Areas of Concern: State DMC coordinator, Ne Crime Commission**

1. African American youth were arrested 3 times the rate of Caucasian youth
2. African American youth were almost 2 times as likely to be detained.
3. African American youth were .49 times referred to diversion compared to the rate of Caucasian youth –this is about half as often as Caucasian youth.

After 8 years of collecting DMC data for Douglas County, Arrest and Detention continue to be the most serious contact points of overrepresentation of minorities (especially African Americans) in Douglas County . The State DMC Coordinator recommends the committee pick one or two system points and set goals to address those points of overrepresentation.

DMC 2008-2010 Goals

1. Advocate for service provides, community-based organizations and faith community to better coordinate efforts to deliver effective prevention and intervention programs as well as eliminate gaps in the continuum of care.

2. It has been argued that DMC of youth of color in the juvenile justice system simply is a result of minority youth committing more crimes than White youth. This argument is fairly simplistic. Determine if current data collection allows for an analysis that identifies if the overrepresentation is the result of:

a. differential police policies and practices (e.g., targeting patrols in certain low-income neighborhoods,

b. policies requiring immediate release to biological parents,

c. group arrest procedures,

d. location of offenses (youth of color using or selling drugs on street corners, White youth using or selling drugs in homes),

e. different behavior by youth of color (whether they commit more crimes than White youth), and

f. whether White victims of crimes disproportionately perceive the offenders to be minority youth

(see Appendix 10)

**Reduce the overall incidence of youth-violence in the community.**

Violence effecting youth in Douglas County and the Omaha Metro area has continued to be a main area of concern throughout the community. Youth who report seeing or directly experiencing violence appears to be becoming the norm as reported through feedback from service providers and systems professionals. Initiatives such as the OPD/OPS sponsored Random Actor: Dan Korem training in 2006 and the DOJ Sponsored Gang training in 2008 emphasize the community response from a systems view-point.

The JJPF has struggled over the years of 2006 – 2007 to identify an existing community committee, or to gain momentum toward starting one, which was focused directly on the issue of youth violence. A newly formed and growing community initiative previously mentioned in both the Community Team and Priority Area sections of this Plan answered that challenge. The Empowerment Network began to place increased focus on their "Crime Prevention and Neighborhood Strategy", as the overall Network grew. The JJPF and the Empowerment Network are now closely collaborating on increasing not only communication, but specific efforts related to Youth Violence. Willie Barney, Facilitator and President of the Empowerment Network, states, "During the summer and early August (2008) we had over 200 people working on jobs and we were providing support services. The community was also active with prayer walks, neighborhood outreach events, neighborhood clean-ups, neighborhood block parties, Stop the Violence marches and rallies, Pastor Outreach at Adam's Park, Weed & Seed Door-to-Door surveys, Police Dept. Interventions, etc. We've had a significant increase in violence during Sept, Oct., and November. We need to fully implement and expand the strategies that we learned this summer. We must address poverty, education, health, etc. in a collaborative way. Much of what has happened lately appears to be "robbery" related violence. It appears that as the economic hardships and strain increases, violence is also increasing." This statement again emphasizes the scope of this issue.

A. Services already in place (to deal with those issues):

Mental Health Professionals, Juvenile Assessment Center (only for youth formally cited for law violations or status offenses), Every Shot is Through the Heart (through the South Omaha Community Care Council), and Parent Support Groups (in partnership with Omaha's Boys and Girls Clubs), as well as Noble Youth gang intervention.

In addition, every local school district has implemented prevention strategies to address issues such as bullying in early elementary school.

B. Services needed (to address the issues): AND C. Determination of the gaps/needs within the county:

Coordination between systems professionals and community members in order to address issues from prevention through intervention that impact criminality and violence.

D. Strategies Implemented over Past 3 Years: AND E. Accomplishments:

Omaha Police Department training to include: CRT Training for all School Resource and many other street Officers (with OPD and other local departments), G.R.E.A.T., Random Actor: Dan Korem Training, and had an officer develop and present a course on Threat Assessments for Juveniles.

The City of Omaha has implemented Weed and Seed Initiatives in different areas of the city. These grant funded initiatives are strategies with the purpose of weeding out criminal activities and seeding community and neighborhood revitalization measures.

In addition to formal trainings hosted by justice agencies, addressing professional views of and response to violence, there have been many prevention focused efforts implemented or increased within the community. Several mentoring organizations have begun to meet with incarcerated youth (such as Release Ministries with youth at DCYC), and as previously mentioned, schools are implementing proactive, preventative programming.

Specific activities that have been accomplished within the Empowerment Network Crime Prevention and Neighborhood Strategy include:

- Hosted Summits where Police Chief met with Community:
  - December 2006, March, July, December 2007
- Hosted Additional Community Meetings between Public and Police
  - Crime Prevention Summit – April 2007 - Open to Public
    - Gang Unit Presentation
    - Reentry Team Presentation
    - Weed and Seed Presentation
  - Stop the Violence Conference
    - Northeast Captain and other Police Officers
  - Violence Prevention Summit
    - Northeast Captain and Chief of Police
- Prayer Walks in Targeted Areas (Hot Crime Spots)
  - 15 Prayer Walks – 600+ participants
    North Omaha, South Omaha, & 72nd and Dodge
- Neighborhood Community Outreach Parties
  2 – Empowerment Network – Over 500 total participants

- 3 – Abide Network - Over 600 total participants
- Teen Summits – Related to Violence, Choices, Education
  Monthly – Average 80 to 100 Participants – Over 300 Participants; Topics include: Choices, Education, Violence Prevention, STD/HIV's
  - Neighborhood Clean-up Initiative
    April 2008 - Over 100 Participants, 5 city dump trucks filled
    July 2008 – Partnered with Weed & Seed
    August 2008 – Partnered with Step Out and Serve (6,000 volunteers)
  - Site Visits & Research Contacts
    Visits – Boston, Milwaukee, Chicago, Kansas City, Oakland
    Phone Contacts – L.A., Seattle, Tampa

- <u>"Great Summer Campaign" 2008</u>
  - Listening Campaign
    - Meetings with Teens
    - Meeting with Gang Members
  - Launch Life Skills Summer Pilot Program; Helped Create Jobs, Internships, and Work Experience

F. Challenges:

Challenges in the area of Youth Violence are echoed throughout the priority areas. However, in this particular area, there seems to be much more prevalence in issues related to community perception, inter-generational issues, economic and educational opportunities,

<u>2009-2011 PLAN:</u>
<u>Strategy:</u> Replication of and Increase in "Crime Prevention Neighborhood Strategy" Summer Jobs Initiative, using Four Pier Strategy: Prevention, Intervention, Enforcement, and Recovery/ Restoration to include the following: Prevention: Build Stronger Police & Community Relations, Prevention: Neighborhood Building and Outreach, Prevention: Youth Education, Training, & Jobs, Prevention: Youth Activities – After school, Weekend & Summer, Intervention: Address Truancy and Absenteeism, Intervention: Gang Outreach & Violence Response Team, Enforcement: Focus on Suppression, Justice System, & Community Assist w/ Solving Crimes, Recovery & Restoration: Help those incarcerated and their families, Recovery & Restoration: Assist ex-offenders - Jobs, Health, Counseling, Housing, etc., Partnerships: Build partnerships with churches, organizations, and businesses to address these issues

Who:
•Violence Prevention Collaboration:
The Empowerment Network, New World Youth Development (HAND Initiative) in partnership with varying members of:
-Community
-Intervention Teams
-Police Department
-Faith-based Institutions
-Youth Development Organizations
-Juvenile Justice
-Courts
-Detention Centers
-Prison/Jail
-Foundations
-Elected Officials
-Consultants

Timeline: January 2009 - January 2010

Resources: All listed under Collaboration, grant funding through various resources

Expected Result(s):
Similar results to "Great Summer Program" in 2008

- 150 Participants
  - 75 Middle and High School Students
  - 50 Gang Members
  - 25 Other

- 50 Active Gang Members
  - 45 Completed Life Skills Training
  - 40 Completed Work Experience Program
  - 30 Completed Voter Registration Project & Project Work
  - 27 Starting the GED Program
  - 20 Gained Full-time Employment
  - 10 Drug & Alcohol Counseling
  - 2 Mental Health Counseling
  - Only 3 to 5 have Re-offended - from June to September

(see Appendix 6)

# APPENDIX 1

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Updated 9/4/08

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The City of Omaha and Douglas County join in announcing their combined support of the Juvenile Justice and Provider Forum (JJPF) as the central source of communication and collaboration on juvenile affairs in the Metropolitan area. The JJPF is a key element in the City and County's effort to more effectively utilize the full resources of local non-profits, treatment facilities, churches, and justice agencies in addressing the needs and risks of local youth.

In accordance with the Douglas County Juvenile Service Comprehensive Plan of 2006-2008, the JJPF will be made up of six subcommittees organized around the following priority areas:

1. Truancy
   Increase awareness of truancy and decrease its incidence through a combined effort of area schools, service providers and the justice system.
2. Early Assessment
   Improve families' access to screening and assessment services to accurately identify a youth's mental health, educational, physical, and behavioral needs in order to reduce their overall risk-profile through the efficient referral and delivery of individualized support services.
3. Mental Health
   Increase the area's overall mental health treatment capacity for youth and develop a broad array mental health interventions scaled to the individualized needs of a particular youth.
4. Juvenile Re-Integration
   Increase local capacity and improve existing programs to better support juveniles' successful re-integration with family, school, and the community following formal interventions by the social service and justice systems.
5. Over-representation of Minorities within the Justice System
   Create a broad coalition to serve as a catalyst for community efforts to reduce the over-involvement of minority children in the juvenile and adult justice systems.
6. Youth Violence
   Create a broad coalition of community stake-holders to assess the nature of violence offending and victimization in the area, identify the factors contributing to youth violence, and implement strategies designed to reduce the number of violent offenders and victims of violence.

These subcommittees are not listed in any particular order, but rather illustrate the range of community partners required to achieve significant progress on the complicated problems of local youth and their families. No single program, agency, or level of government can solve the many challenges which keep youth from realizing their adult potential as successful members of society.

Similarly, just as many members of our community have dedicated years of work and resources to these problems, others bring the promise of fresh insight, untapped energy, and a new commitment to making things better. The JJPF needs to draw on community members from both of these groups. Everyone who believes they can contribute to this bold new effort is invited to come and become an active participant in the subcommittees of the JPJF.

The subcommittees will begin to organize at the next JJPF meeting scheduled for October 19th, 3:00pm, at UNO Alumni Center located at 6705 Dodge Street. Requests for additional information can be made by contacting Silas Clarke, Office of the Mayor, at 402-444-5211 or sclarke2@ci.omaha.ne.us. Anyone interested in providing leadership in the creation of one of the JJPF subcommittees is strongly encouraged to contact Silas.

This forum will also offer an opportunity for programs, agencies, and individuals to make announcements, present on programming, discuss current youth issues, and to collaborate with others in order to pursue grant and/ or initiative possibilities. Attendees may actively participate, or may just attend to gain knowledge of what other entities in the Metro area are engaging in.

Most of us have too many meetings, too many commitments, and too much work. The JJPF holds the potential for breaking down many of the obstacles which compound our overburdened schedules and keep our community from more effectively working in concert on these critical issues. The City and County thank you in advance for becoming a productive partner in the JJPF and its mission.

Thank you.

JJPF Overview:

Initially, The Douglas County Comprehensive Juvenile Services Plan was created in order to qualify for Juvenile Justice funding through the Nebraska Crime Commission (NCC). The 2006-2008 Plan identified 7 priority areas for ALL youth in Douglas County as follows*:

1. Increase awareness of truancy and decrease its incidence through a combined effort of the schools, service providers, and law enforcement.
2. Improve families' ability to access assessments and services prior to formal action being taken against a youth or family.
3. Develop appropriate mental health interventions for juveniles in Douglas County.
4. Create and implement programming to support juveniles' successful re-integration with family, school, and community following formal interventions.
5. Create a juvenile justice forum to regularly meet to network, report on local programming efforts, discuss grant applications, and serve as a catalyst for the community.
6. Reduce the over-representation of minorities within the juvenile justice system (ie: Disproportionate Minority Contact-DMC).
7. Reduce the overall incidence of youth-violence in the community.

The Juvenile Justice and Provider Forum (JJPF) was created to address #5. Although the JJPF serves as an information exchange, the Committees are actually working on specific initiative areas.

As you can see by reviewing the priorities, only #6 (DMC) is **exclusive** to "justice" involved youth, with #4 (Re-Integration) including both justice and HHS kids. ALL priority areas really are focused on OVERALL youth needs throughout the County and Metro Area.

The JJPF approached existing committees who were already addressing Truancy (#1) and DMC (#6) issues to ask if they would report on their efforts at the Forum. For the remaining areas, no single group focusing specifically on these areas could be identified. JJPF chairs have worked to establish cohesive and targeted groups for these areas (or to link groups together in the interest of efficiency and not duplicating efforts).

The Adolescent Behavioral Health Committee (Initially called JJPF-Juvenile Mental Health) was formed in December 2006 as a result of those efforts. At the initial meetings, the Committee decided to combine and address both #s 2 & 3, as there was so much overlap involved in the subject areas, as well as attendees' interests in both areas.

*The full text plan can be accessed through the NCC website via the link: http://www.ncc.state.ne.us/crime_commission/organization_and_functions/grants/juv_justice.html#County_Comprehensive_Juvenile_Services_Plans

**Letter/ E-mail re: Plan Process:**

It is time to update the Douglas County Comprehensive Juvenile Service Plan. The plan will be submitted to the Nebraska Crime Commission in December 2008. This year the Douglas County Juvenile Assessment Center will be responsible for facilitating the planning process and writing the Plan. As you may know, a current County Plan MUST be in place in order for ANY agency or entity in Douglas County to receive juvenile services funding through the Nebraska Crime Commission.

We certainly realize the value of your time and appreciate how much of it has been invested in discussions during the past year concerning a number of complex youth issues. In order to make the best use of your time, and still receive your valuable input for the plan, the Juvenile Assessment Center (JAC) has constructed the following work flow in order to most efficiently complete the Plan:

1. The JAC will send a survey link via e-mail to all existing juvenile service list serves. This survey will illicit feedback regarding what has occurred in the past three years with the current priorities, as well as thoughts on goals and objectives, changes, and/ or additional priorities for the next three years.
    a. As a member of a juvenile services list serve, you will be receiving this survey link.
    b. We also want to ensure that any individual or agency who may *not* already be included on one of the juvenile list serves has an opportunity to provide feedback. If you believe there is someone who is not already included, please provide their contact information to Kim Culp (contact information listed below), or ask them to contact her directly.

2. The chairpersons of the Juvenile Justice & Provider Forum (JJPF) subcommittees will be asked to utilize their committees to complete a summary (requirements for content of the County Plan provided to the chairs in an outline form). This summary will include accomplishments and challenges experienced over the last three years, current assessment of the priority as a continued concern (supported by data), and, if it remains a priority, goals and objectives for the next plan duration. Notices will be provided to these open meetings to ensure all interested parties have an opportunity to participate.

3. The survey results and sub-committees summaries will be discussed at the JJPF on August 21st and October 16th.

If you have any questions or suggestions regarding the Douglas County Comprehensive Juvenile Service Plan or the format developed to capture community input, please contact Kim Culp at (402) 444-5413 or kim.culp@douglascounty-ne.gov

Thank you,

Christopher T. Rodgers, Chair – Child and Youth Services Committee
Board of County Commissioners - District #3
Omaha/Douglas Civic Center
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Omaha, NE 68183
402-444-7025
402-444-6559(f)
chris.rodgers@douglascounty-ne.gov

Sent on Behalf of Commissioner Rodgers by:
Shawne M. Coonfare
Community Resource Analyst
Juvenile Assessment Center (JAC)
1941 S. 42nd Suite 504
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(402) 546-0891

# APPENDIX 2

# 5. SUMMARY OF RECOMMENDATIONS

## LAW ENFORCEMENT

a. **Stop detaining youths with special needs and those requiring mental health treatment** – Interim Police Chief Buske and Sheriff Dunning.

   Any "special-needs" juvenile or juvenile under mental health treatment should be handled without detention, possibly via release to a responsible adult with some follow-up to OPD or by the court as to adjustments in treatment that propose to address the situation and prevent future occurrences.

b. **Use an accurate intake assessment tool before employing secure detention** – Interim Police Chief Buske and Sheriff Dunning.

   A new intake assessment tool should be devised and adopted to more accurately assess eligibility for secure detention based on public safety criteria. Should the intake assessment tool change, OPD should reassess and revise its own criteria as well.

## ADJUDICATION

a. **Aggregate charges for simultaneous resolution** – City Prosecutor Conboy and County Prosecutor Goaley.

   While Juvenile Court has jurisdiction of a youth, any concurrent or new charges should automatically be referred to Juvenile Court so that all pending actions can be resolved simultaneously.

b. **Ease transfer and combining of courts** – City Prosecutor Conboy and County Prosecutor Goaley.

   The State of Nebraska has in the past considered establishing of a unified court system to eliminate evident cross-jurisdictional issues. Nearly every county in Nebraska (90 of 93) hear juvenile cases in county court. Doing so may be a boon to juvenile court case processing, although Douglas County stakeholders concur that such a move would come at a great cost to this larger, more complex venue. Barring this, and within the restrictions posed by Nebraska statutes, the courts should investigate less technical methods by which to transfer these cases and establish a standard procedure by court rule.

c. **Follow up with juveniles on all violations** – City Prosecutor Conboy and County Prosecutor Goaley.

   In order to avoid circumstances where juveniles feel that certain levels of violations will not be addressed or penalized, meaningful follow-up by county officials is necessary to emphasize that the violations are taken seriously. This may perhaps favorably impact recidivism. This is a particularly good example of a question to be sorted out in gatekeeper meetings.

d. **Formalize a pretrial release program for 16-17 year olds** – DCYC Director Alexander.

In the interests of fairness and equal protection under the law, the DCYC should formally create a pretrial release program for 16-17 year old offenders, and then for all ages, which mirrors the one available for adults at the Corrections Center. The HOME electronic monitoring program should be integrated into the release program.

e. **Ensure that arraignments follow detention hearings closely** – Juvenile Court Judge Crnkovich.

More arraignment blocks (which may be shorter in duration) should be established by the juvenile court to ensure that arraignments follow detention hearings as closely as possible. By rule, courts should set a firm 20-day evaluation period. If DHHS/OJS has not met this timeframe, the court should exercise its authority to hold the evaluating agency in contempt for non-compliance with the deadline. This is not a new concept for Douglas County; it is a tool the courts have already used, albeit on rare occasions.

f. **Establish Standard Referral Criteria for Juvenile Court** – City Prosecutor Conboy, County Prosecutor Goaley, Probation.

Use existing statutes as a basis for meeting and collaborating to establish a policy to clarify and encourage consistent decisions regarding referral or remand to Juvenile Court from the adult court system. Prosecutors and county, district and juvenile judiciary representatives should collaborate on a set of standard criteria for referral or remand of cases into Juvenile Court and establish these by court rule.

g. **Stratify and Make Drug Court Sanctions Uniform** – Juvenile Court Judge Crnkovich.

Drug court administrators acknowledge that the detention sanctions employed in juvenile drug court regarding violations at and beyond the third strike are not employed on a routine basis. Thus, the structure of sanctions used in the program should be reviewed and restructured to ensure consistency and fairness. Detention should be used only as an absolute last resort and should be an immediate precursor to termination from the program.

The practices of another jurisdiction, Snohomish County, WA, provide a model.[13] Success incentives include movie passes, restaurant coupons, praise from the Judge, recovery tokens, recovery gifts, gift certificates, etc. Acknowledging small successes eventually leads to meeting the larger goal of program graduation. Sanctions consist of community service, increased support group meetings, more Drug Court hearings, suspended driving privileges and, as the very last resort, detention.

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[13]http://www1.co.snohomish.wa.us/Departments/Superior_Court/Juvenile_Services/Services/Offender_Services/Recovery_Services/Drug_Court.htm

## INFORMATION TECHNOLOGY

a. **Ensure coverage of juvenile system in NSCS study**– Chief Administrative Officer Kelley and Administration Specialist Kubat.

Review the Scope of Services on the NCSC study to ensure Juvenile Court issues are not overlooked in the transition. Any such study must address the coordinative and collaborative aspects of all three branches of court being on the same system.

b. **Plan for full functionality to facilitate case flow management** – Chief Administrative Officer Kelley and Administration Specialist Kubat.

Implementation planning for the new state JUSTICE system in the District and Juvenile Courts needs to accommodate the gathering of statistical data that will be conducive to managing case flow and monitoring indicators such as FTAs. It is imperative that this specific functionality be examined in the conduct of the National Center for State Courts study that will precede implementation.

c. **Improve court calendaring to prevent schedule conflicts** – Chief Administrative Officer Kelley and Administration Specialist Kubat.

Court calendaring staff should not routinely ignore conflicts and override them. If there is confusion over the circumstances under which it may actually be appropriate to override conflicts, this is an issue that should be discussed jointly between representatives of the public defender's office, the county prosecutor's office and court calendaring staff, with consensus over when an override is appropriate.

## JUVENILE DETENTION AND PROGRAMMING

a. **Transfer all delinquency functions to State Juvenile Probation** – Juvenile Court Judge Daniels, HHS, and Probation.

Introduce legislation at the state level to move DHHS out of the delinquency business by transferring all delinquency functions to State Juvenile Probation. This primarily addresses the problem of dual supervision. A memorandum of understanding (MOU) between DHHS and Probation would be another way to address this problem.

b. **Move Intake at DCYC to the County** – Probation Chief and DCYC Director Alexander.

Move the intake function at DCYC from State Probation to the County and manage this gatekeeper function with the input of local as well as state juvenile justice system leaders. This could also be accomplished through a MOU, which documents an agreement to share this task.

c. **Establish a Juvenile Justice Coordinating Council** – Chief Administrative Officer Kelley, County Prosecutor Goaley, Commissioner Rodgers.

Establish a Juvenile Justice Coordinating Council (JJCC) made of the key gatekeepers: high level policy makers from all justice agencies including State officials managing Probation, OJS, Division of Behavioral Health, and the Division of Children & Family Services. For at least three years, fund an independent justice coordinator to lead, facilitate and track Council progress in implementing change initiatives and developing/implementing new, more effective approaches to combating local delinquency.

d. **Develop and validate an intake risk screening tool** – Probation.

Develop and validate a state of the art front-end intake risk screening tool as quickly as possible. It is critically important to validate any new screening tool on the Omaha intake population. These instruments must be able to effectively and reliably predict risk.

e. **Eliminate dual supervision** – Judge Daniels, Probation, HHS.

Eliminate all dual supervision through an interagency agreement between State Probation and OJS. The Juvenile Court would need to buy into any agreement that these agencies developed.

f. **Cap DCYC population** – Board of County Commissioners, DCYC Director Alexander, Juvenile Court Bench

Establish through collaboration with gatekeepers (the Juvenile Justice Coordinating Council) a matrix listing levels and actions to be taken when the DCYC population reaches certain established limits. For example, when the population reaches a specific pre-established threshold, a specified procedure (i.e. calling a judge to conduct emergency releases) should be in order.

g. **Remove lower risk youth from DCYC.**

Move lower risk youths out of existing detention beds into alternative programs and, per the above intake comment, do not book any youth who scores at lower risk levels. Give priority to the detained population for all residential/shelter beds located in the County and other needed treatment programs so that they can quickly be moved out of the detention center.

h. **Limit justice system involvement in dealing with truancy** – in collaboration with the school districts.

Do not encourage parents and schools to refer their kids to the justice system when they encounter problems with school attendance, control and runaway behavior. Push these kids back toward the school system and community based intervention agencies. Continue to work with the new managers at DHHS to secure funding outside the justice system to provide any needed treatment. Make every attempt to limit justice system involvement beyond the JAC program.

i. **Expand the HOME program** – Chief Public Defender Riley, DCYC Director Alexander.

Expand the HOME Program to include all of the lower risk youth detained at the DCYC who, through validated risk assessment, can be safely released. The HOME program should also be offered to appropriate lower risk youth whose cases are moving through the adult court system. The juvenile court should change its approach to approving selected kids for participation in HOME to expedite appropriate releases.

j. **Develop a graduated revocation plan with detention as the last alternative** – Probation.

Develop a revocation matrix that lists agency approved sanctions for various technical probation violations and provides for the escalation of sanctioning based on the severity or frequency of the violation. Detention should be the last sanction to consider in most technical violation cases where a threat to the public does not exist.

k. **Use valid screening tools** – Police, prosecution, Probation, DHHS, providers.

Judges and OJS need to accept the use of a valid and reliable screening tool in lieu of full evaluations. Only those minors identified by this screening need additional evaluation to obtain full assessments.

l. **Divert status offenders.**

Continue to support the efforts of the Juvenile Assessment Center to divert status offenders from the juvenile justice system. Utilize graduated sanctions including EM in lieu of any detention for the status offender. Consider a deferred prosecution program for those lower risk delinquent kids who do not meet the criteria for the diversion program.

m. **Improve the initial screening tool at the JAC** – JAC Director Culp.

The JAC should consider introducing an initial screening tool in lieu of an YLS-CMI and continue to reassess program failures and re-refer them to community agencies if there is some possibility for success.

n. **Implement a single quality assurance auditor** – DHHS Administrator DeJong.

At the state level, designate a single manager to initiate thorough quality assurance audits across all DHHS funded programs, delivering services/treatment to status offenders and delinquent youth. Make evidence-based practices (EBP) a requirement of all of these contracts and utilize a Correctional Program Assessment Inventory (CPAI) as part of the auditing process. Audit information should be shared with any newly created Juvenile Justice Council.

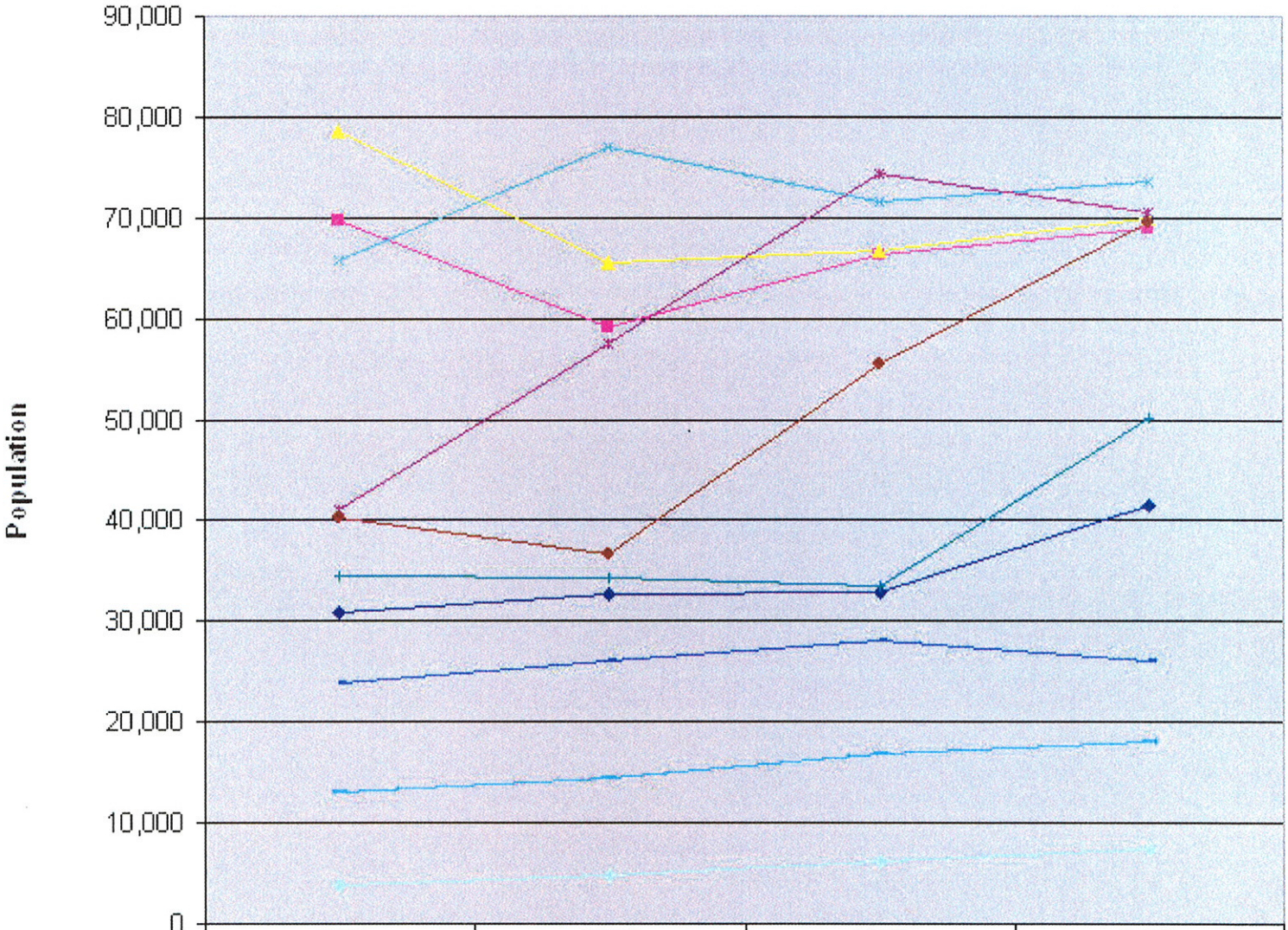
o. **Implement evidence-based practices** – DHHS Administrator DeJong.

Fully implement EBP in all treatment agencies accepting justice system referrals in Douglas County to enhance program effectiveness and reduce recidivism. Separate status offenders and low risk offenders from higher risk offenders in all treatment programs, shelter care, and other residential programs. Immediately eliminate the co-mingling of dependents with delinquents in any residential, shelter care and outpatient treatment program. Never accept dependent kids for booking at the DCYC. Share training resources and opportunities across all agencies.

# APPENDIX 3

# Population by Age Group by Decade

## Douglas County, NE 1977 - 2007




| | 1977 | 1987 | 1997 | 2007 |
|---|---|---|---|---|
| 0 - 4 | 30,909 | 32,743 | 32,821 | 41,557 |
| 5 - 14 | 69,800 | 59,127 | 66,354 | 68,970 |
| 15 - 24 | 78,601 | 65,506 | 66,690 | 70,033 |
| 25 - 34 | 65,659 | 76,919 | 71,548 | 73,606 |
| 35 - 44 | 41,014 | 57,523 | 74,431 | 70,524 |
| 45 - 54 | 40,387 | 36,764 | 55,558 | 69,524 |
| 55 - 64 | 34,433 | 34,228 | 33,562 | 50,183 |
| 65 - 74 | 23,802 | 26,145 | 28,136 | 25,998 |
| 75 - 84 | 12,957 | 14,397 | 16,835 | 18,079 |
| 85+ | 3,789 | 4,904 | 6,140 | 7,501 |

Source: Woods and Poole Population Estimates for Douglas County

Douglas County Health Department 02/25/2008

# TABLE I-04

## Region Population Summary by Age Group

**Douglas County, Nebraska 2000 US Census**

| Region | Population | 0 - 4 | 5-14 | 15-24 | 25-34 | 35-44 |
|---|---|---|---|---|---|---|
| East Northeast | 51,795 | 3,974 | 8,706 | 9,799 | 7,046 | 7,650 |
| West Northeast | 62,765 | 4,860 | 9,699 | 9,520 | 9,688 | 9,682 |
| East Southeast | 67,107 | 5,585 | 8,964 | 11,131 | 12,382 | 10,289 |
| West Southeast | 33,925 | 2,200 | 3,945 | 4,571 | 5,418 | 5,207 |
| North Central | 50,607 | 3,316 | 5,479 | 7,583 | 9,410 | 7,276 |
| South Central | 56,768 | 3,182 | 7,131 | 8,318 | 7,828 | 8,218 |
| Northwest | 69,636 | 5,912 | 12,016 | 8,622 | 10,060 | 12,909 |
| Southwest | 70,982 | 5,264 | 12,351 | 8,764 | 8,727 | 12,770 |
| **County Total** | 463,585 | 34,293 | 68,291 | 68,308 | 70,559 | 74,001 |

| Region | Population | 45-54 | 55-64 | 65-74 | 75-84 | 85 + | Median Age |
|---|---|---|---|---|---|---|---|
| East Northeast | 51,795 | 5,602 | 3,329 | 2,943 | 1,881 | 865 | 29.85 |
| West Northeast | 62,765 | 8,010 | 4,572 | 3,434 | 2,489 | 811 | 32.54 |
| East Southeast | 67,107 | 7,083 | 4,193 | 3,533 | 2,877 | 1,070 | 31.36 |
| West Southeast | 33,925 | 4,239 | 2,753 | 2,749 | 2,093 | 750 | 36.53 |
| North Central | 50,607 | 6,348 | 3,896 | 3,773 | 2,533 | 993 | 34.49 |
| South Central | 56,768 | 8,369 | 5,457 | 4,577 | 2,817 | 871 | 37.46 |
| Northwest | 69,636 | 10,379 | 4,628 | 2,973 | 1,607 | 530 | 33.22 |
| Southwest | 70,982 | 11,599 | 6,180 | 3,347 | 1,529 | 451 | 35.44 |
| **County Total** | 463,585 | 61,629 | 35,008 | 27,329 | 17,826 | 6,341 | 33.60 |

# APPENDIX 4

# RECOMMENDATIONS FOR CONSIDERATION

## 1. *Service Coordination Assistance*

- Have an approved "family friendly" resource list in each region for families to address problems when they arise.
- Provide a service coordinator to families that can coordinate and link the various services and providers.
- Implement prevention, intervention, and treatment services to address substance abuse.

## *2. Access to Services and Information Lacking*

- Address the gaps in children's behavioral health services by increasing training for providers specific to children and adolescent specialties to include mental health clinicians, respite care providers, day care providers, and foster care providers.
- Provide financial incentives for students in the mental health field to specialize in the children's services field (currently a bill in congress that is addressing the shortage of children's mental health care workers.)
- Provide a service array that includes early identification and intervention for children's behavioral health screenings provided by pediatricians and medical personnel beginning at birth and throughout adolescence including transition services to adulthood.
- Address policies that restrict access to children's behavioral health services.
- Do away with custody relinquishment merely to access services and to ease the burden from the courts, and use saved funds for support and direct services to families such as transportation, and respite care.
- Revise the reunification process for children removed due to behavioral health issues, to accelerate the investigation process and work with parents to provide the most appropriate services for behavioral health diagnosis.
- Initiate flexible funding strategies.

## *3. Awareness of MI Programs are Necessary*

- Initiate a public awareness campaign (brochures, CD's, flyers, video's) on children's behavioral health issues including substance abuse, on signs and symptoms, known treatments, and available services.
- Widely distribute awareness materials through a variety of settings using Nebraska Federation of Families for Children's mental Health, NAMI, other Nebraska family support and advocacy groups to disseminate awareness materials to parents, physicians, behavioral health professionals, the public, schools, churches, day care/respite providers, businesses, etc.
- Support the dissemination of information regarding school services to parents in an uncomplicated format that makes available qualification requirements to receive accommodations for children with behavioral health disorders.

## *4. Array of services available with trained providers*

- Address the need for community based and in-home based services for behavioral health disorders.

- Stabilize the service system to keep essential services in place such as school based wraparound services.
- Increase training for service professionals, school professionals, and paraprofessionals in family centered care practices, moving toward sanctuary models and seclusion free facilities.

## *5. Advocacy for Families with Mentally Ill Children*

- Enhance family advocacy services to assist parents to work more effectively with the service system, so that parents' voices are heard in addressing their children's specific needs.
- Initiate a method of follow-up from professional services for families to monitor progress following services.
- Augment access to services by reducing barriers to affordable services and medications for children with behavioral health disorders.

## *6. Parent Persistence is essential to access services*

- Formalize a comprehensive family support system by creating a single source for collaboration and coordination of family supports across Nebraska. Currently there are many family support organizations that work independently of one another, thus creating fragmentation in our family supports. An organized family support network would ensure smooth flow of services across geographical and provider boundaries, eliminating travel restrictions for families.
- Compensate families for participation in advisory committees to reduce the financial difficulties for taking time off work, for child care, and travel costs.
- Devise a method to assist families to make application for SSI less complicated and not restricted due to parent income.

## *7. School Adaptation Needed*

- Utilize service coordinators as family advocates to support and collaborate with the schools.
- Train school personnel on behavioral health disorders and effective classroom interventions.

## *8. Identified Needs*

- Increase the availability of Wraparound services across the state
- Organize support groups for parents, and siblings living with mental/behavioral disorders.

## *10. What Works*

- Enhance professional partners to include service coordinator roles and functions and coordination with schools to standardize behavioral interventions.
- Train law enforcement officers on crisis intervention training. NAMI has a 1-week model used to assist officers to recognize and deescalate psychiatric crisis.
- Continue with the implementation of Family Centered Care practices for Protection & Safety and HHSS Caseworkers.

- Records for children and youth need to follow them to services.
- Provide Integrated Coordination Care Units in each Behavioral Health Region.

## *11. Cultural Concerns*

- Because every encounter is cross-cultural develop partnerships with our families maintaining cultural humility to better understand the historical, familial, community, occupational, and environmental contexts.
- Initiate training on cultural beliefs and practices for professionals serving families to increase minority-friendly services that enhance inclusion and culturally based interventions.
- Ensure culturally sensitive and competent practices for interventions that can be individualized and applied in a family-centered fashion.

## *12. Youth Issues*

- Include the importance of confidentiality in awareness training for professionals, para-professionals, education personnel, therapists, and treatment providers.
- Address issues of bullying in school settings.
- Continue to support youth groups such as the YES Group.
- Provide education to youth on medications used in treating mental health symptoms.
- Provide training for educators regarding mental health symptoms including medication for symptoms, and positive methods to interact with youth experiencing difficulty.
- Update treatment materials for youth hospitalized for behavioral health disorders.
- Initiate support groups for parents and siblings of youth with behavioral health disorders.

**Nebraska SIG Provider Focus Group Survey Results**
**Kate Speck, PhD**

Executive Summary

The purpose of this project was to gather information from the Nebraska provider network regarding four major areas: Barriers experienced in implementation of Evidence Based Practices, Knowledge of the Telehealth system and opinion on its use as a training venue, Training and Education that would enhance clinical skills; and currently used screening instruments for children and their families for depression, substance use, maternal depression.

Focus Group Meeting Data:

| SIG Provider Focus Group Data | | |
|---|---|---|
| **Date** | **Location** | **# Attending** |
| 2/26/2007 | Lincoln | 13 |
| 3/26/2007 | Kearney | 21 |
| 3/30/2007 | Omaha 0-5 | 10 |
| 3/30/2007 | Omaha 5-18 | 22 |
| 4/2/2007 | North Platte | 3 |
| 4/16/2007 | Norfolk | 15 |
| 5/14/2007 | Scottsbluff | 11 |
| | | 95 |

**Evidence Based Practices:**

It is clear that the respondents have a wide range of understandings of Evidence Based Practices (EBP). This ranges from not understanding which practices show empirical evidence to knowing a full range of EBP's and utilizing them appropriately with the population with whom they are meant. Barriers identified to adopting EBP's are focused in two general areas: 1) full and continuous funding, and 2) technical assistance to support therapists to have fidelity to the model that is selected. Funding is a primary issue – in that providers are willing to implement the protocols, however after training and implementation, often a new direction is chosen for the state system, leaving those who have expended staff and other financial resources for implementation and continuation of the protocol in financial bind.

**Knowledge of the Telehealth System**

Providers noted that the system could be used more often, especially with additional training in the use of the system tools, and technical assistance for trainers. Providers also need training on how to use the telehealth system. Using the system to increase family connections with their children and their families would be a beneficial use for the system.

Some providers are well versed in using web-based training, and others, especially in rural areas have more limited access to the technology. Providers suggest that additional outlets are necessary for using the telehealth system, such as the school system, as well as what is available in hospital systems since these outlets have become limited. Cost shifting to have access to increased funding may provide an opportunity for more use of the system.

The three largest issues are: 1) Accessibility to the telehealth venues, 2) Probability of multiple site problems with technology, 3) Consistent funding of the system.

**Education & Training**

Providers are enthusiastic about training and education to improve their clinical skills. A need for training across disciplines - parents/teachers/foster parents/child care providers/community regarding children's mental health and substance abuse issues was identified as was training and the need to provide incentives to support a stable foster care provider group to address high need kids especially post adoption issues. There is insufficient understanding regarding cost shifting that occurs when

funding is not approved for services that are provided. HHSS personnel attend nationally recognized trainings that therapists/parents attend in order to be able to speak to the same issues with the same information. Consultation groups to enhance training and technical assistance similar to the Omaha Metro Community Advocacy Coalition.

Service Providers requested that there be a better connection between service providers – HHSS – Magellan to address the problems of lack of cultural sensitivity to customs/norms of families, and the issue of numerous case managers involved in families lives.

Using parents as trainers would increase the trust level for families and would provide trainees with a perspective from a family perspective. Partnering with the Educational Service Units/Hospitals/County Health Departments would give another venue for training. Ongoing training that builds on previous trainings to address evolving issues and to keep the workforce. Have trainings relate to various skill levels of therapists – beginning, intermediate and advanced. Have more opportunity for web-based and telehealth trainings. Two areas that are currently in process have emerged that have promise for expansion: Region I has a video on parenting which is in process, and Omaha has a successful Early Childhood Mental Health Seminar Series addressing early childhood treatment processes and working with parents and problem behaviors. Providers discussed that time and travel costs to attend training can be prohibitive – the EBP trainings are often out of state or out of the area.

**Assessment Instruments**

A good bit of frustration was due to the number of assessment tools that are required for different funding sources and that there are too many tools that cover the same material, and none that have trauma issues included. Providers discussed the need for adequate psychological assessment for children leading to a treatment plan that covers individual needs. Currently used (not all required):

CAFAS Child and Adolescent Functional Assessment Scale, Sensory profile (kids), Substance Abuse Subtle Screening Inventory SASSI -adolescent and adult, ACKENBACK – self check lists parents/teachers; PADDI – Practical Adolescent Dual Diagnostic Interview MA & SA screen; Infant-toddler Social Emotional Assessment ITSEA (ages 1 - 3) ITSEA (0 – 42 months); Brief Infant Toddler Social Emotional Assessment (BITSEA), Denver II, Ages and Stages; Ohio Scales -Youth 0ver 16; Chaffee - independent living - Over 18; Casey Life Skills Assessment – Transitioning; Youth Level of Service Inventory (YLSI); Massachusetts Youth Screening Instrument Version 2 (**MAYSI**-2); AAPI – Adult and Adolescent Parenting Intervention; Parenting assessment; Diagnostic Procedure Scale; New York and Safety & Risk Assessment; Health and nutrition assessments; IQ testing; Maternal Depression Screening; BECK – depression; EPDS (Edenburgh Post Partum Depression Scale); Zung Depression Inventory; Traumatic Brain Injury screen; BASC Behavioral Assessment Skills for Children; Neuropsyche assessment; Mental Status Exam; Childhood Onset Bi-Polar Disorders (COBD) – El Randolph – Colorado; Psychosocial/ family assessment; Pre-treatment assessment; A TSA – criteria developed to assess children under 12 for sexual issues; ERASOR -13+ sexual behavior problems; Child Sexual Behavior Inventory – CSBI; ADHD behavioral assessment system for children ages 3 – 14; 3 different levels; STRONGS inventory – also gender specific; Devereaux Early Childhood Assessment (DECA); Auchenbach child behavior checklist -18 months – 5; South Oaks Gambling Scale/GA 20 Q's; OHIO – developmental screening; Myers Briggs Type Indicator; Minnesota Multiphasic Personality Inventory-A; Sex offender risk assessment; BASC – Behavioral Assessment Screening for Children; Suicide/homicide risk assessment; Attachment inventory; MIIM – theraplay assessment; Safe Harbor assessment; Modified Holland; Tulane/Dan Hughes.

## Evidenced Based Practices (EBP's)

It is clear that the respondents have a wide range of understandings of Evidence Based Practices (EBP). This ranges from not understanding which practices show empirical evidence to knowing a full range of EBP's and utilizing them appropriately with the population with whom they are meant. Defining the evidence based practices (Question 19) was a question that did not result in a true understanding of what makes an Evidence Based Practice – responses ranged from "no knowledge of EBP's" to a few who have expert knowledge in what it takes to be an EBP. In response to understanding relevance (Question 20) of EBP's to their work, it is clear that respondent's attitudes are that EBP is a constructive element, however, there is also a concern voiced related to the funding that is necessary to implement and continue using the protocols which can be costly, especially in private practices and smaller and more rural areas.

Conditions that are helpful in promoting the adoption of EBP's (Question 21) in clinical settings appear to be financial support to implement and study the client outcomes which may be more difficult for private practices and rural providers, Behavioral Health Regions inclusion in grant proposals, training on which EBP's are appropriate for which population, HHSS, Medicaid, and private payers support in the form of payments for performing the practices, collaboration between providers to enhance skills with a peer based model of teaching-learning-supervision, supervision of novice professionals, and better all around clinical supervision.

It looks as if the barriers identified to adopting EBP's (Question 22) are focused in two general areas: full and continuous funding, and technical assistance to support therapists to have fidelity to the model that is selected. Funding is a primary issue – in that providers are willing to implement the protocols, however after training and implementation, often a new direction is chosen for the state system, leaving those who have expended staff and other financial resources for implementation and continuation of the protocol "in a lurch" due to the rapid shifting of adoption to the next new practice. Providers shared their frustration with wanting to provide the best possible treatment intervention, yet often their recommendations are not paid attention to or given their full due. A common problem is fidelity to the model – due to lack of good clinical supervision that goes over the entire spectrum of implementation and continued protocol. Often the clinical supervisors are asked to supervise elements that only their staff has been trained on, creating an information "bubble" that the staff must inform supervisors and in essence train/inform supervisors. Resistance from administration comes in the form of the time it takes for training staff and for adhering to models.

In general, providers are positive about the implementation of EBP's and want more training in all areas of training and understanding empirically supported treatment interventions (Question 23) which include: research descriptions of EBP's; procedural protocols to guide EBP implementation, information on the contextual appropriateness of EBP's, training/coaching on EBP usage, and use of a web-accessible database of EBP's. Providers indicated that they would appreciate opportunities to seek funding for implementation and continuation of programs such as MST programs that have lost funding. Providers were savvy that they may need to implement a portion of the EBP's that are appropriate to specific populations, but are aware that it is also a delicate process which may alter the protocol making the implementation more difficult and possibly not adhering to the original model.

Supports/incentives that would be helpful for the promotion and use of EBP's (Question 25) is clearly continued funding. One incentive would be to draw the circle of providers (treatment, community therapists, foster care personnel, schools, etc.) to the table and fund providers to attend team meetings for clients to improve communication and develop individual treatment plans. Another incentive may be to support travel for clients in rural areas. Clearly to have EBP protocols, there must be a critical mass – enough of the respondents to have fidelity to the model – and again, this is a hurdle that inhibits rural providers in this area.

In relation to Nebraska implementing a process for nominating local practices (Question 26) as showing promise or as EBP's there is enthusiasm and agreement that this would be something to promote. Barriers continue to elicit frustration regarding services that are given, yet reimbursement is often denied or extremely difficult to obtain – leaving providers to absorb the costs. Additional barriers discussed were the shortage of appropriate levels of care placements, and that creativity of providers

to implement solutions is often overlooked. Training for system wide providers is seen as a bonus so that all service providers, funders and legislators are speaking the same language.

Comments regarding implementation of a process for documenting client progress in response to treatment (Question 27) were somewhat mixed. Some providers saw this as an additional requirement that could be another unfunded obligation with time schedules already tight, providers wanted more information on how this would be implemented and who would be responsible for documentation. Many comments discussed that it would be useful to have this information, and that having a database to refer to regarding providers who are showing success, would give them someone to refer to when thinking of implementing new protocols.

**Service Providers have described barriers to implementing Evidence Based Practices in the field in several areas:**

**Payment for Services**

- Therapists discussed that in the past they have been reimbursed for attending family conferences and team meetings – something that has ceased, which has had a detrimental impact on outcomes for children.
- Providers are less willing to provide Medicaid services due to funding constraints and the cumbersome Medicaid protocols and paperwork process required, leaving fewer providers to meet the need.
- There are numerous therapeutic models that are effective for working with children – most are not reimbursed – play therapy, theraplay for attachment disorders, art therapy, Dialectical Behavior Therapy, EMDR, and Neuropsych assessments. Medicaid does not reimburse for most EBP's
- Multi-systemic Therapy is an EBP, however funding is not consistent and programs that get started are discontinued.
- Family therapy payment rate is insufficient therefore is done by more inexperienced providers – supervision for these providers is lacking.
- There is a need for payment of interpreters for families as well as child care costs when implementing EBP's
- Purchase of materials for EBP's is often prohibitive
- Constraints come from:
    - Numerous regulatory constraints from competing systems – juvenile justice, state regulations, Medicaid – definition on level of care
- Stigma is still and element – people want to access services yet often want to go to other venues, however lack the resources to do so (gas/reliable transportation.

**Identified Needs**

- Need funding to do parent ed/training/transportation; extra credits for youth for getting parents and kids to the table at the same time
- Need to use telehealth for clinician supervision
- Need funding to home provider to go to parents i.e. at work or in their home/neighborhood
- Need to sustain programs that work i.e. autism (Monroe Meyer)
- Look at other states such as Iowa) to fund EBP – i.e. Matrix Model. i.e. 2 sources in 1 day - Medicaid won't pay for UA's, and they will not allow the agency to charge for that service either.

**Training Concerns for EBP's**

- Providers discussed that time and travel costs to attend training for EBP's are prohibitive – the trainings are often out of state or out of the area.
- There is a lack of training formats and access to funding/grants for training – using tele-health and web-based formats would be a bonus.
- Accountability in providing services is being expected without previous training on EBP's, therefore additional Technical Assistance and skill building activities are needed, as is training on Cognitive Behavioral Therapy for 0-5 population, and Emotion Focused Treatment (EFT)
- It is difficult to find Evidence Based instruments that assess very young children, and that are strength based.

**Additional Barriers to Implementation of Evidence Based Practices**

Providers expressed that they would like to see a resolution of the restrictions and constraints of funding to pay appropriate rates for services when providing evidence and best practice services. There is recognition from providers that in order to implement EBP's there needs to be an ongoing state commitment and leadership to initiate not only to the model design, but to ongoing funding of projects. Providers discussed the cost implications in implementation of EBP's as well as issues of replication related to the critical mass necessary to gather data especially in the rural areas. Rural providers stated that adjustments may need to be made based on these rural constraints, and that partial implementation of EBP's as well as funders being open to allow funding for emerging and promising practices would be a benefit. There is a need to bridge the gap between mental health and substance abuse issues related to understanding the Recovery model versus a management model, and it was noted that funding streams need to blended, so that treatment for co-occurring disorders would be funded. A good trauma assessment is needed to accurately assess and treat trauma symptoms. In addition, a good family assessment tool would help to comprehensively assess the individual needs of families.

Providers discussed the lack of agreement on which EBP, Best, and Promising Practice to use causes confusion, and that there is reluctance to train staff in protocols that may change without notice and no longer receive payment. For instance, CBT is an EBP, however there is new research suggesting that without accessing the emotional domain it may not have the same positive outcomes.

**Other**:

Providers discussed issues with language barriers and inadequate funding to be able to have interpreters and Latino/Sudanese bilingual therapists would be a positive change. Two other issues that emerged from the data were comments that youth who are experiencing difficulties attend school sporadically therefore they receive less services, and that it is difficult to find placement for violent and assaultive youth.

## Telehealth Responses

There is a great variability in practitioners understanding of the telehealth system. The three largest issues are:

- Consistent funding of the system
- Accessibility to the telehealth venues
- Probability of multiple site problems with technology

Some providers are well versed in using web-based training, and others, especially in rural areas have more limited access to the technology. Providers suggest that additional outlets are necessary for using the telehealth system, such as the school system, as well as what is available in hospital systems since these outlets have become limited. Cost shifting to have access to increased funding may provide an opportunity for more use of the system.

Providers have utilized the telehealth system for conferences, and training meetings, and are pleased due to the time saved in driving time which increased efficiency in providing services in client appointments, meetings and extended care opportunities. Providers noted that the system could be used more often, especially with additional training in the use of the system tools, and technical assistance for trainers. Providers also need training on how to use the telehealth system. Using the system to increase family connections with their children and their families would be a beneficial use for the system.

Some adaptation is needed as not everything works over distance formats. For instance, this is a difficult format when used with children, and it may inhibit spontaneity for participation for sensory elements such as those used with play therapy. Additionally, trust and rapport need to be initially established so that the relationship can be extended in these formats.

## Education & Training

The respondents had suggestions and training needs coming from a variety of areas:

**Clinician Training Needs:**

- Play and art therapy
- Life space crises intervention
- Bridges Out of Poverty
- Strength based assessments
- Addressing violent and assultive kids
- Addressing change in rural areas
- EMDR
- Cross training for MI & SA
- Medicaid Documentation requirements
- Training on Family Therapy and subsets
- Sand Tray specific to child, youth, and family
- Brain development
  - Early years impact of parental depression and mental illness
  - Primary care screening with parents
- Trauma Informed Care; address trauma issues for children
- Adverse childhood experiences (ACE)
- Working with repeated patterns of negative relationships
- Anxiety disorders with children that includes parent training to avert emergency room visits that incur high medical bills
- Addressing parental issues/fragmented families that affect children: divorce, parents who misuse the therapeutic process for custody issues, etc.
- More forums/training/dialogue re: Evidence Based Practices and what works vs. what doesn't work in implementation
- Brain Development across the spectrum Dr. Siegal & Dr. Amen

- Aspersers Disorder, Bi-polar disorders, Conduct Disorder and variations of CBT for severe and persistent mentally ill
- Need multiple levels of training – basic – intermediate – advanced skills
- Training regarding very young children – ages 0 – 2

**Other Training Recommendations:**

Service providers have identified that there is a need for training for both foster care and adoption systems in Nebraska to address the service needs of children post-adoption. There was concern expressed that there is insufficient training to legislature regarding cost shifting that occurs when funding is not approved for services that are provided. Providers would like to see HHSS personnel attend nationally recognized trainings that therapists/parents attend in order to be able to speak to the same issues with the same information. Providers have identified a need for training for parents who fail to recognize the seriousness of developmental delays and continued emotional needs of their children.

A need for training across disciplines - parents/teachers/foster parents/child care providers/community regarding children's mental health and substance abuse issues was identified as was training and the need to provide incentives to support a stable foster care provider group to address high need kids. Training programs need to make sure students have the right skills to be prepared for treating high needs children and their families as well as new therapy models and EBP's.

A need for more collaboration with schools re: developmental issues and at risk issues i.e. attachment disorders/parenting skills for everyone. Consultation groups to enhance training and technical assistance similar to the Omaha Metro Community Advocacy Coalition. Need consistent model for training to provide specialized care for specific populations such as juvenile justice as well as cross training for schools/parents/providers so that communication is enhanced.

**Additional Recommendations:**

Clinicians make application to in order to provide services, yet Magellan does not refer to the applications, putting a burden on clinicians to verify their credentials repeatedly. Clinician skill levels are perceived to be negated by payors leaving services not reimbursed – clinicians are asked to make recommendations that are not followed or seen as valid. Service Providers requested that there be a better connection between service providers – HHSS – Magellan to address the problems of lack of cultural sensitivity to customs/norms of families, and the issue of numerous case managers involved in families lives.

Creation of a directory of statewide EBP services in a hierarchy format from most evidence – to least would give providers a way to contact colleagues for technical assistance, and integration with the education system would initiate a process so schools would have a process to work with students that has an evidence base as well. Using parents as trainers would increase the trust level for families and would provide trainees with a perspective from a family perspective. Partnering with the Educational Service Units/Hospitals/County Health Departments would give another venue for training and the format should be offered at varying/multiple times in order to accommodate the needs of the trainees. Ongoing training that builds on previous trainings to address evolving issues and to keep the workforce motivated to use the evidence based practices.

Legislators need to be informed about the state of the system and the need to respond more rapidly in intense situations.

Family group conferencing is seen as an effective method to address children's needs in a comprehensive manner, yet payment is not approved for therapists to participate in these activities.

There is a need to use resources effectively yet when providers step out in being creative funding doesn't cover services and needs. Telehealth and the internet are modes of training that would be helpful, and having regular consultation groups to enhance application of training skills for practitioners needs to be an important consideration. Getting really good assessments from qualified professionals is difficult – need additional clinical training; Developmental Disabilities assessment has same problem. Training needs to be offered on various levels – basic/intermediate/advanced to engage a range of practitioners.

Additional training on Family Centered Care is necessary, and families need to be involved in providing this training, as well as being trained.

Two areas that are currently in process have emerged that have promise for expansion: Region I has a video on parenting which is in process, and Omaha has a successful Early Childhood Mental Health Seminar Series addressing early childhood treatment processes and working with parents and problem behaviors.

## Use of Assessment Instruments for Children, Adolescents and Their Families

Nebraska practitioners are using a variety of instruments to assess children and their families. Some of the instruments have been chosen by the agency, or individual therapist as to which will provide the most complete information that is not duplicated. A common theme was that there are various funding requirements for assessment tools that do not necessarily gather all of the necessary information for specialty areas; therefore, in order to fulfill the ethical responsibility of doing a comprehensive assessment, providers add tools that will best fit with the needs of the child and family.

The following is a list of the various instruments that providers have been using in their pracrices:

CAFAS Child and Adolescent Functional Assessment Scale

Sensory profile (kids)

Substance Abuse Subtle Screening Inventory SASSI -adolescent and adult

ACKENBACK – self check lists parents/teachers
PADDI – Practical Adolescent Dual Diagnostic Interview MA & SA screen
Infant-toddler Social Emotional Assessment ITSEA (ages 1 - 3) ITSEA (0 – 42 months)

Brief Infant Toddler Social Emotional Assessment (BITSEA)

Denver II

Ages and Stages

Ohio Scales

Youth 0ver 16 yo

Chaffee - independent living - Over 18 yo

Casey Life Skills Assessment – Transitioning

**Juvenile Justice –**
Youth Level of Service Inventory –

MAYSI Massachusetts Youth Screening Instrument Version 2 (**MAYSI**-2) – Juvenile Justice

**Parenting Assessments**

- AAPI – Adult and Adolescent Parenting Intervention
- AAPI – Adult and Adolescent Parenting Intervention
- Parenting assessment

Diagnostic Procedure Scale – Columbia University

**Functioning Assessments**
New York and Safety & Risk Assessment
Health and nutrition assessments
IQ testing

Maternal Depression Screening

Zung Depression Inventory

Traumatic Brain Injury screen

BASC Behavioral Assessment Skills for Children - Schools using

Substance Abuse Subtle Screening Inventory SASSI -adolescent and adults

**Adults/Children**

Neuropsyche assessment

Mental Status Exam
Childhood Onset Bi-Polar Disorders (COBD) – ElRandolph - Colorado

Psychosocial/ family assessment

Need clinical interpretation skills for adequate reconnections
Pre-treatment assessment
A TSA – criteria developed to assess children under 12 for sexual issues – asso of treatment for sexual abusers
13+ sexual behavior problems – ERASOR – James Waherly

- Child Sexual Behavior Inventory - CSBI
- ADHD behavioral assessment system for children ages 3 – 14; 3 different levels
- Career assessment instrument STRONGS inventory – also gender specific
- Devereaux Early Childhood Assessment (DECA)
- Ages and Stages – screening developmental and social emotions
- 18 months – 5 Auchenbach child behavior checklist
- Maternal depression – EPDS (Edenburgh Post Partum Depression Scale)
- South Oaks Gambling Scale/GA 20 Q's
- OHIO – developmental screening - parents/children re: behavior

- Myers Briggs Type Indicator
- Minnesota Multiphasic Personality Inventory-A
- Sex offender risk assessment
- BASC – Behavioral Assessment Screening for Children
- Suicide/homicide risk assessment
- Attachment inventory – parent/child
- MIIM – theraplay assessment
- BECK – depression
- Safe Harbor assessment attachment
- Risk Assessment
- Modified Holland – strengths for career development
- Tulane/Dan Hughes
- Need adequate psychological assessment for children leading to a treatment plan that covers individual needs
- Too many tools with overlapping requirements/want trauma inclusion

# APPENDIX 5

JJPF Adolescent Behavioral Health Committee

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# Youth Behavioral Decision Accelerator
## Horizon 1: Present to 2008

| | |
|---|---|
| Early Childhood | Hire Asset Manager (Bright Futures) |
| | Map Resources (done by Consumers/Providers |
| | Assess and map existing resources |
| | ID Resources (Ethonography "Walk in the Shoes" |
| | Identify/Develop tool(s) to be used by range of first responders |
| | Explore ideal frameworks approach for strength/asset based. "If all community services were available, we would not need acute services" |
| | Recommend and prioritize at end of needed services – 12 months |
| | Resources: CACMH-white paper, Region 6 Providers and Bright Futures |
| Systemic Issues | Goal: Establish model to address systemic issues in Mental Health |
| | Establish database for data collection |
| | Identify working group (Aug, '07) – DA Participants, Community Members and Professionals. Juvenile Provider Committee on MH (Home, non-inclusive) |
| | Establish point of entry and enrollment strategy *Gaps *Capacity bldg |
| | Identify effective systems model and establish common standards/philosophy (Chronic disease biopreparedness) |
| | Develop communication strategy *communicated *providers |
| | Investigate other assessments and documentation (NIH) |
| | Identify 4 Standards for the data to drive<br>Next Steps: Next goals, Gap, Capacity Building<br>♣ Lag period between identification and intake<br>♣ Agency # of clients of intake to enroll<br>♣ Sustainment through treatment/attendance<br>♣ Discharge – lag time between admission and discharge |
| Juvenile Justice Issues | Goal: Implement Crisis Response System for Juvenile Behavioral Health |
| | Develop mobile crisis response team |
| | Establish crisis respite services |
| | Create comprehensive family assessment tools and process |
| | Collaborate with truancy subcommittee of JJ and Provider forum and Bright Futures |
| Best Practices and Evaluation | Identification of cross-organizational stakeholders |
| | Develop data management/evaluation committee with point person Bright Futures |
| | Position hired – Clinical Researcher |
| | Pick an EBT (Parent Mgmt training), for example: Offer EBT or treatments as usual to parents *Staff adhere to the model |
| | Select providers for EBT |
| | Develop methodology associated with Data Management/Analysis and instrumentation |
| | Committee expands possible other EBTs for inclusion for phase 2 (Review best available literature) |
| | Results to inform system. Implement. Update Bright Futures website with results |
| Parental Support | Focus Groups: What do parents want/need? What do parents know about BH? Complete a bill of rights(UN Convention), Social marketing |
| | Share: our info on education needs with parents and Bright Futures task forces. Then we'll work on policy together |
| | Goal: Scan the landscape and find partners and plan for effective implementation |
| | Expand existing products: CSI Maternal Depression Cards, Library calendars on dev. Milestones, Voices Family Resource Guide |
| | Policy: Not setting up mothers to be in debt or higher income brackets when going to school -> We will discuss/trade off to the academic group |
| | Explore common intake forms/determine which agencies are using evaluation forms, present tools/AAP, bring in UNO's core program |
| | Explore who needs to be involved in the allcourt press – 0-6 months of life, who coordinates? |
| | Advocate for data collection and appropriate funding, start with parents in focus group |

| | |
|---|---|
| Transitioning Out of the System | All involved parties come to consensus on: Roles, Bill of Rights, Role of Team, End product, population built-in |
| | Stakeholders meeting |
| | Conduct needs and strengths assessment<br>♣ Who is population? 50 kids<br>♣ What are their needs and strengths?<br>♣ Services available? |
| | Gain consensus on roles, team evaluation tools and program design |
| | Identify transition team members |
| | Obtain funding |
| | Obtain transitional housing resources |
| | Identify three measures of success |
| | Identify successful program models |
| Funding | Develop the plan to require MH coverage – stakeholders (BBF, INS, MHP, HHS, Senators, CEOs) |
| | Cost Benefit – develop a comprehensive approach |
| | Social Marketing plan and developed by stakeholder group (ie: education school system) *Public Health Model |
| | Draft White Paper |
| | Identify potential funders and providers |

## Horizon 2: 2009-2010

| | |
|---|---|
| Early Childhood | Who will oversee and evaluate initial implementation? |
| | Sustainable public education campaign to "normalize" MH care |
| | Developmental screening tools to be used by a range of "first responders" |
| | Identify high quality child friendly portal and means for paying for crisis assessment (Project Harmony as model?) |
| | Implement highest prioritized services |
| Systemic Issues | Goal: Increase capacity of organizations/agencies/professionals to address gaps and build on assets of juvenile MH |
| | Standardized, comprehensive data and documentation system |
| | Action based on philosophy (Mental Health preparedness system, Crisis response, Treatment team) |
| | Provide continued ed and training to LMH on system orientation (recognized provider list) |
| | Provide education across all sectors (MH readiness)<br>♣ Police, firemen, teachers, etc…<br>♣ Bio preparedness training |
| | Launch social marketing (de-stigmatize) campaign |
| Juvenile Justice Issues | Goal: Establish prevention and education collaboration within schools and community. |
| | All schools (Douglas and Sarpy counties) will participate in Youth Risk Behavioral Sruvey |
| | Peer to peer mentoring program |
| | Integration of Data Management system |
| | Integration of MH services and schools |
| | Universal Family Violence Education |
| | Initiate evaluation process for all programs |
| Best Practices and Evaluation | Initial review of first 24 months, adjust concept if data suggests |
| | Identify strengths and weaknesses of that process |
| | Include new EBI's to be included in system |
| | Repeat every six months for the three years |
| Parental Support | Info (2:1, Boystown, NAM, Raft) – Research other states, look for gaps in our system, set up a "one stop shop", CT model – help us build |
| | Goal: Increasing awareness and transfer info to brilliant partnerships |
| | Intentional Transfer/Partnership – Btw medical model and community groups (VNA, LFS, CSI, etc…), includes routine screening and redesigning well childhood, parents included as experts – mutually respect culture created, impact of bill of rights |
| | Educate/train Health and Human Service pros on family centered practice |

| | |
|---|---|
| Parental Support (continued) | Bring outcomes of social marketing into public sector – de-stigmatize! |
| Transitioning Out of the System | Goal: Transition teams are in place, working with families and youth |
| | Serve kids and families |
| | Test promising principles |
| | Evaluation of pilot completed |
| | PR plan developed – results, next steps |
| | "Training for Life" retreat held |
| | Follow-up with pilot kids |
| | Develop planned presentations for professionals for developing and initiating transitional planning teams at their workplaces |
| Funding | Draft and pass bill |
| | System developed for funding located |
| | Money available for prevention and education |
| | Identified appropriate needs for infrastructure (secured funding) – ongoing in Horizon 3 |
| | Identified areas for innovation and secured funding (ongoing in Horizon 3) |

## Horizon 3: 2011-2012

| | |
|---|---|
| Early Childhood | Fill in the gaps and establish system change and sustainability |
| | Implement Med priority programs |
| | Re-evaluate and adjust frequently: Need still there? Is what we do working? |
| | Another round of asset mapping |
| Systemic Issues | Goal: Integrated specializations and systems for juvenile mental health |
| | Establish and reconfirm best practices |
| | Centers for Excellence begin to emerge |
| | Dissemination of information |
| | Real time data analysis, reporting and use to provide quality mental health care |
| Juvenile Justice Issues | Goal: Decreased population in DCYC – integrated mental health services at DCYC |
| | LHMPs on DCYC staff |
| | Collaborative provider network for all JJ youth |
| | Wrap around services in place and discharge planning |
| Best Practices and Evaluation | Full inclusion of all providers in system management process |
| | Roll up EBT's as services funded |
| | Best practices, supported by data, expanded state-wide |
| Parental Support | Take Boys Town pilot on technology and health (flash drives) – explore benefits for larger system |
| | Goal: Create informed consumers who are active in their community and the lives of their children |
| | Expand: resources for parents to include now traditional elements (respite care, grief and trauma) |
| | Empower parents/teach advocacy – peer support groups, downtime in offices (reading/video materials), resource centers, faith-based community – neighborhoods – schools – libraries – etc…, Deck of Cards – 52 weeks |
| | Explore and plant: educare on each campus |
| Transitioning Out of the System | Goal: Every child and youth, and their families, entering the system (SS, MH, CW) will have a transition plan |
| | Peer alumni council in place |
| | Evaluation continues – follow up with kids |
| | Share data |
| Funding | Implement – goal reached (health insurance) |
| | Identified appropriate needs for infrastructure (secured funding) – ongoing from Horizon 2 |
| | Identified areas for innovation and secured funding - ongoing from Horizon 2 |
| | Prevention and education going on |
| | Goal reached (Public health model for prevention and education |

Decision Accelerator Invitation List:

| | | |
|---|---|---|
| Brad | Alexander | Douglas County Youth Center |
| Kim | Armstrong | Mutual of Omaha Foundation |
| Doug | Christianson | NE Department of Education |
| Kathy | Bigsby-Moore | Voices for Children |
| Eve | Blehy | Nebraska Family Support |
| Shashi | Bhatia | Creighton |
| Nancy | Bond | Omaha Public Schools |
| Mary Ann | Borgeson | Chair of Board of Commissioners |
| Bob | Braun | Lozier Foundation |
| Silas | Clarke | Mayor's Office |
| Shawne | Coonfare | Juvenile Justice and Provider Forum (&JAC) |
| Kim | Culp | Douglas County Juvenile Assessment Center |
| Eleanor | Devlin | NOVA Therapeutic Community |
| Jim | Fahy | Chief Probation Officer |
| John | Furstenberg | Omaha Home for Boys |
| Mariana | Fox | Ponca Tribe |
| Larry | Gendler | Sarpy County Juvenile Court Judge |
| Carol | Gendler | |
| Nicole | Goaley | Douglas County Attorney's Office |
| Kim | Hawekotte | Douglas County Attorney's Office |
| Rhonda | Hawks | Hawks Foundation |
| Julie | Heffinger | All Our Kids |
| Nancy | Hemesath | Ted E. Bear Hollow |
| Mary | Heng-Braun | Donor Consultant |
| Ruth | Henrichs | Lutheran Family Services |
| Anne | Hindery Camp | Alegent |
| John | Hoffman | VISINET |
| Patty | Jurjevich | Region 6 |
| Judge | Kelly | Douglas County Juvenile Court Judge |
| Teri | Khan | Alegent Health |
| Tim | Koehn | HHS |
| Dr. | Kohler | Child Pyschologist/Psychiatrists |
| Todd | Landry | Child Saving Institute |
| Pat | Lopez | SIG |
| Lynda | Madison | Children's Hospital |
| Michelle | Marsh | Medicaid |
| Denis | McCarville | Uta Halee, Cooper Village |
| Patrick | McNamara | Omaha Community Foundation |

| | | |
|---|---|---|
| Doris | Moore | Center for Holistic Development |
| Rueben | Pamies | UNMC |
| Mary Jo | Pankoke | Nebraska Foundation for Children and Families |
| Penny | Parker | Campfire USA |
| Janie | Peterson | B'Haven Day Care |
| Kerri | Peterson | OHCP |
| Chris | Peterson | HHS |
| Ruthanne | Popp | Omaha Police Department |
| Jessie | Rassmusson | Sherwood Foundation |
| Bill | Reay | Omni Behavioral Health |
| Jean | Sassateli | Catholic Charities |
| Fred | Schott | Boys and Girls Club |
| Georgie | Scurfield | CASA Sarpy |
| Annie | Bird | |
| Steve | Spelic | Alegent |
| Bob | Storey | Youth Emergency Services |
| Jamie | Summerfelt | Visiting Nurses Association |
| Nancy | Thompson | Big Brothers Big Sisters |
| Tom | Tonniges | Girls and Boys Town |
| Pete | Tulipana | Heartland Family Services |
| Diana | Waggoner | Kim Foundation |
| Roberta | Wihelm | Girls Inc. |
| Kristin | Williams | Sherwood Foundation |
| Nancy | Wilson | CASA Douglas |
| Carrie | Garber | Consumer: Parent and Child |
| Kaityn | Mayo | Consumer: Parent and Child |
| Dr. | Coy | Alegent |
| Eric | Nelson | Kellom Elementary |
| Sophie | Cook | Holy Name Elementary |
| Brett | Andersen | Indian Hills Elementary |
| Jennifer | Carlson | Alegent Foundations |
| John | Cavanaugh | Building Bright Futures |
| Alice | Drake | Region 6 |
| Hank | Robinson | Juvenile Justice Institute |
| Gene | Kleine | Project Harmony |
| John | Scott | William and Ruth Scott Foundation |
| Jan | Sigerstom | Journey's |
| Todd | Reckling | NE Health and Human Services |

*Original list - some agencies sent other representatives

# APPENDIX 6

**Program Name**
New World Youth Development Program Inc. H.A.N.D (*Helping All Negatives Deter)*

**CEO**
Roy Davenport

**Program Description**
New World Youth Development Program Inc. is a gang intervention program that works with current gang members and incarcerated individuals who may be incarcerated or getting out of jail as a result of gang/negative activity. NWYD also works with individuals who are on the streets and actively involved in gang activity and negative behavior. It is the goal of the program to deter the negative behavior by getting individuals involved in positive activities such as jobs and community events.

**Program Components**:

- **School outreach and programming** (outreach directors go to JR High schools and High Schools to provide tutoring, mentoring life skills training and fun activities for students)
- **Street outreach** former gang members who have changed their lives around are hired to work with active gang members to help them get out of gangs, they mediate between rival gangs and provide positive leadership for individuals who want to get out of the gangs and have a positive alternative to negative behavior
- **Emergency crises** team (led by Ben Gray these individuals go to the scene when there is a shooting and to the hospital to mediate between rival gangs who may have thoughts of retaliation and
- **Family support and resources** a trained team is available for individuals who may need extended help in counseling, assistance in utilities, housing, court, family intervention, school assistance etc.
- **Jobs** (we have an individual that works on the team that makes as many job connections as possible in the community and then links individuals who need jobs to the jobs that are available for hire
- **Community service and activities** (the team participates in community service events with program participants as a way of teaching them the power of giving back to their community)
- **Special events/ shows concerts and activities** (the team has sponsored many activities for the community such as get tested know your stats talent show case and concert, Late Nite Safe Nite skating party and talent show case at Hope Skate, Register to Vote family fun day in the park as well as many other events to bring the community together through entertainment and advocating the positive
- **The Main Concern Teen Talk Show** (this is a once per month teen talk show that takes place at the Washington Branch Library that deals with teen issues and gives teens a chance to talk to adult and other teens about teen issues and come up with viable solutions to teen issues
- **Mothers Support Group** (this group works with mothers who have children who have died as a result of gun violence)

**Mission**
***To provide opportunities that promote healthy safe alternatives that make a positive difference in home school and community***

## 9. JUVENILE ARRESTS

### AGE, SEX, RACE AND DISPOSITION OF PERSONS ARRESTED
(Under 18 Years of Age)
Include Those Released Without Having Been Formally Charged

| AGENCY CODE NO. | REPORTING AGENCY | REPORT FOR MONTH OF | YEAR | FORWARD BY THE SEVENTH DAY AFTER THE END OF THE MONTH TO: THE NEBRASKA COMMISSION ON LAW ENFORCEMENT AND CRIMINAL JUSTICE PO BOX 94946 LINCOLN NE 68509 - 4946 |
|---|---|---|---|---|
| NE 02502 | OMAHA POLICE DEPARTMENT | ANNUAL | 2017 | |

| CLASSIFICATION OF OFFENSES | SEX | AGE: Under 10 | 10 - 12 | 13 - 14 | 15 | 16 | 17 | TOTAL ARRESTED | RACE: WHITE | BLACK | Amer. Ind. or Alaskan Native | Asian or Pacific Islander | Ethnic Origin: Hispanic | Not Hispanic | PERSONS CHARGED BY POLICE: Arrested (Held for Prosecution) | Summoned, Notified or Cited | Total Persons Charged | HANDLED WITHIN DEPT AND RELEASED | REFERRED TO WELFARE AGENCY | REFERRED TO OTHER POLICE AGENCY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Murder and Manslaughter 01A | m | | | 1 | | | 2 | 3 | | | | | | | | | | | | |
| | f | | | | | | | 0 | | 3 | | | | 3 | 3 | | 3 | | | |
| Death by Negligence 01B | m | | | | | | 1 | 1 | | | | | | | | | | | | |
| | f | | | | | 1 | | 1 | 1 | 1 | | | | 2 | 2 | | 2 | | | |
| Forcible Rape 02 | m | | | 3 | 1 | 1 | 2 | 7 | | | | | | | | | | | | |
| | f | | | | | | | 0 | 4 | 3 | | | | 7 | 7 | | 7 | | | |
| Robbery 03 | m | | | 6 | 10 | 11 | 18 | 45 | | | | | | | | | | | | |
| | f | | | 2 | 2 | | 1 | 5 | 15 | 35 | | | | 50 | 50 | | 50 | | | |
| Felony Assault 04 | m | | | 6 | 3 | 9 | 12 | 30 | | | | | | | | | | | | |
| | f | | | 1 | 2 | 2 | | 5 | 15 | 20 | | | | 35 | 35 | | 35 | | | |
| Burglary - Breaking or Entering 05 | m | | 11 | 17 | 18 | 10 | 12 | 68 | | | | | | | | | | | | |
| | f | | 2 | 6 | | | | 8 | 25 | 51 | | | | 76 | 76 | | 76 | | | |
| Larceny - Theft (Except Motor Vehicle Theft) 06 | m | 13 | 50 | 150 | 150 | 146 | 152 | 661 | | | | | | | | | | | | |
| | f | 6 | 45 | 146 | 145 | 173 | 138 | 653 | 792 | 505 | 7 | 10 | | 1314 | 1314 | | 1,314 | | | |
| Motor Vehicle Theft 07 | m | | | 4 | 3 | 13 | 7 | 27 | | | | | | | | | | | | |
| | f | | | 2 | | 2 | | 4 | 14 | 17 | | | | 31 | 31 | | 31 | | | |
| Misdemeanor Assault 08 | m | | 19 | 54 | 29 | 37 | 40 | 179 | | | | | | | | | | | | |
| | f | | 10 | 27 | 12 | 19 | 18 | 86 | 123 | 137 | 4 | 1 | | 265 | 265 | | 265 | | | |
| Arson 09 | m | 1 | 1 | 6 | 7 | | 1 | 16 | | | | | | | | | | | | |
| | f | | | | | | | 0 | 10 | 6 | | | | 16 | 16 | | 16 | | | |
| Forgery and Counterfeiting 10 | m | | | | 1 | | | 1 | | | | | | | | | | | | |
| | f | | | | | | 4 | 4 | 5 | | | | | 5 | 5 | | 5 | | | |
| Fraud - O.M.F.P. 11 | m | | 1 | 2 | 6 | 5 | 4 | 18 | | | | | | | | | | | | |
| | f | | | 1 | | 6 | 10 | 17 | 16 | 18 | | 1 | | 35 | 35 | | 35 | | | |
| Embezzlement 12 | m | | | | 1 | | 3 | 4 | | | | | | | | | | | | |
| | f | | | | | | 3 | 3 | 6 | 1 | | | | 7 | 7 | | 7 | | | |
| Stolen Property: Buy, Receive Possess, Conceal 13 | m | | | 11 | 13 | 19 | 21 | 64 | | | | | | | | | | | | |
| | f | | 2 | | 2 | 1 | | 5 | 15 | 53 | 1 | | | 69 | 69 | | 69 | | | |
| Vandalism - Destruction of Property 14 | m | 1 | 28 | 57 | 39 | 32 | 44 | 201 | | | | | | | | | | | | |
| | f | 1 | 2 | 7 | 8 | 3 | 9 | 30 | 152 | 76 | 3 | | | 231 | 231 | | 231 | | | |
| Weapons: Carrying, Possessing, etc. 15 | m | | 3 | 10 | 13 | 24 | 37 | 87 | | | | | | | | | | | | |
| | f | | | 2 | | 2 | 2 | 6 | 39 | 54 | | | | 93 | 93 | | 93 | | | |

| AGENCY CODE NO. | REPORTING AGENCY | REPORT FOR MONTH OF | YEAR | FORWARD BY THE SEVENTH DAY AFTER THE END OF THE MONTH TO: THE NEBRASKA COMMISSION ON LAW ENFORCEMENT AND CRIMINAL JUSTICE PO BOX 94946 LINCOLN NE 68509 - 4946 |
|---|---|---|---|---|
| NE 02602 | OMAHA POLICE DEPARTMENT | ANNUAL | 2007 | |

| CLASSIFICATION OF OFFENSES | | SEX | AGE | | | | | | TOTAL ARRESTED | RACE | | | | Ethnic Origin | | PERSONS CHARGED BY POLICE | | | HANDLED WITHIN DEPT. AND RELEASED | REFERRED TO WELFARE AGENCY | REFERRED TO OTHER POLICE AGENCY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Under 10 | 10 - 12 | 13 - 14 | 15 | 16 | 17 | | WHITE | BLACK | Amer. Ind. or Alaskan Native | Asian or Pacific Islander | Hispanic | Not Hispanic | Arrested (Held for Prosecution) | Summoned, Notified or Cited | Total Persons Charged | | | |
| Prostitution and Commercialized Vice | 16 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| Sex Offenses (Except Forcible Rape and Prostitution) | 17 | m | | 5 | 6 | 4 | | 7 | 22 | | | | | | | | | | | | |
| | | f | | | 1 | | 5 | 1 | 7 | 17 | 12 | | | | 29 | 29 | | 29 | | | |
| Drug Abuse Violations TOTAL | 18 | m | | 3 | 44 | 40 | 106 | 120 | 313 | | | | | | | | | | | | |
| | | f | | 1 | 9 | 6 | 20 | 22 | 58 | 239 | 130 | 1 | 1 | | 371 | 371 | | 371 | | | |
| (1) Sale / Manufacturing Subtotal | 180 | m | | | 2 | 1 | 4 | 7 | 14 | | | | | | | | | | | | |
| | | f | | | 2 | | 2 | | 4 | 14 | 4 | | | | 18 | 18 | | 18 | | | |
| Opium and Cocaine and Their Derivatives (Morphine, Heroin, Codeine) | 18A | m | | | 1 | | 2 | 4 | 7 | | | | | | | | | | | | |
| | | f | | | 2 | | 1 | | 3 | 7 | 3 | | | | 10 | 10 | | 10 | | | |
| Marijuana | 18B | m | | | 1 | | | 3 | 4 | | | | | | | | | | | | |
| | | f | | | | | 1 | | 1 | 4 | 1 | | | | 5 | 5 | | 5 | | | |
| Synthetic Narcotics Which Can Cause True Addiction (Demerol, Methadones) | 18C | m | | | | 1 | 1 | | 2 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | 2 | | | | | 2 | 2 | | 2 | | | |
| Other Dangerous Non-narcotic Drugs (Barbiturates, Benzedrine) | 18D | m | | | | | 1 | | 1 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | 1 | | | | | 1 | 1 | | 1 | | | |
| (2) Possession Subtotal | 185 | m | | 3 | 42 | 39 | 102 | 113 | 299 | | | | | | | | | | | | |
| | | f | | 1 | 7 | 6 | 18 | 22 | 54 | 225 | 126 | 1 | 1 | | 353 | 353 | | 353 | | | |
| Opium and Cocaine and Their Derivatives (Morphine, Heroin, Codeine) | 18E | m | | | | 2 | 5 | 6 | 13 | | | | | | | | | | | | |
| | | f | | | 1 | 2 | 1 | 2 | 6 | 11 | 8 | | | | 19 | 19 | | 19 | | | |
| Marijuana | 18F | m | | 2 | 41 | 37 | 97 | 107 | 284 | | | | | | | | | | | | |
| | | f | | 1 | 5 | 4 | 16 | 20 | 46 | 210 | 118 | 1 | 1 | | 330 | 330 | | 330 | | | |
| Synthetic Narcotics Which Can Cause True Addiction (Demerol, Methadones) | 18G | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| Other Dangerous Non-narcotic Drugs (Barbiturates, Benzedrine) | 18H | m | | 1 | 1 | | | | 2 | | | | | | | | | | | | |
| | | f | | | 1 | | 1 | | 2 | 4 | | | | | 4 | 4 | | 4 | | | |
| Gambling TOTAL | 19 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| Bookmaking: Horse and Sport Book | 19A | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| Numbers and Lottery | 19B | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| All Other Gambling | 19C | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |

| AGENCY CODE NO. | REPORTING AGENCY | REPORT FOR MONTH OF | YEAR | FORWARD BY THE SEVENTH DAY AFTER THE END OF THE MONTH TO: THE NEBRASKA COMMISSION ON LAW ENFORCEMENT AND CRIMINAL JUSTICE PO BOX 94946 LINCOLN NE 68509 - 4946 |
|---|---|---|---|---|
| NE 0280Z | [illegible] | [illegible] | [illegible] | |

| CLASSIFICATION OF OFFENSES | | SEX | AGE | | | | | | TOTAL ARRESTED | RACE | | | | Ethnic Origin | | PERSONS CHARGED BY POLICE | | | HANDLED WITHIN DEPT. AND RELEASED | REFERRED TO WELFARE AGENCY | REFERRED TO OTHER POLICE AGENCY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Under 10 | 10 - 12 | 13 - 14 | 15 | 16 | 17 | | WHITE | BLACK | Amer. Ind. or Alaskan Native | Asian or Pacific Islander | Hispanic | Not Hispanic | Arrested (Held for Prosecution) | Summoned, Notified or Cited | Total Persons Charged | | | |
| Offenses Against Family and Children | 20 | m | | | | | | 1 | 1 | | | | | | | | | | | | |
| | | f | | | | | 2 | 3 | 5 | 6 | | | | | 6 | 6 | | 6 | | | |
| Driving Under the Influence | 21 | m | | | | 2 | 8 | 25 | 35 | | | | | | | | | | | | |
| | | f | | | | | 10 | 16 | 26 | 59 | 2 | | | | 61 | 61 | | 61 | | | |
| Liquor Laws | 22 | m | | | 10 | 32 | 86 | 130 | 258 | | | | | | | | | | | | |
| | | f | | | 16 | 26 | 54 | 70 | 166 | 366 | 52 | 3 | 3 | | 424 | 424 | | 424 | | | |
| Drunkenness - Intoxication | 23 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| Disorderly Conduct - Disturbing the Peace | 24 | m | | 6 | 36 | 37 | 58 | 64 | 201 | | | | | | | | | | | | |
| | | f | | 3 | 34 | 25 | 19 | 12 | 93 | 102 | 186 | 6 | | | 294 | 294 | | 294 | | | |
| Vagrancy | 25 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| All Other Offenses (Except Traffic) | 26 | m | | 14 | 51 | 70 | 107 | 134 | 376 | | | | | | | | | | | | |
| | | f | | 2 | 23 | 21 | 35 | 40 | 121 | 279 | 209 | 4 | 5 | | 497 | 497 | | 497 | | | |
| Suspicion | 27 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | | | | |
| Curfew and Loitering Law Violations | 28 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| Runaways | 29 | m | | | | | | | 0 | | | | | | | | | | | | |
| | | f | | | | | | | 0 | | | | | | | | | 0 | | | |
| SUB-TOTAL | | m | 15 | 141 | 474 | 479 | 672 | 837 | 2,618 | | | | | | | | | | | | |
| | | f | 7 | 67 | 277 | 249 | 354 | 349 | 1,303 | | | | | | | | | | | | |
| TOTAL | | | 22 | 208 | 751 | 728 | 1026 | 1186 | 3,921 | 2300 | 1571 | 29 | 21 | | 3921 | 3921 | | 3921 | | | |

| Do Not Use This Space | rec. | | rev. | | punch. | |
|---|---|---|---|---|---|---|

# APPENDIX 7

# Making Attendance a Priority

Douglas/Sarpy Truancy Initiative

**Purpose:** *To support students and families in maintaining regular school attendance*

## Steering Committee Membership

| Schools | Community Agencies | Public Agencies | Justice |
|---|---|---|---|
| Steve Snodgrass (RPS)<br>Laurie Cooley (PLV)<br>Wes Galusha (OPS)<br>Sue Evanich (Westside)<br>Ann Luther (Consultant) | Joanna Lindberg (HFS)<br>Regina Williams (B/G Club) | Kim Culp (JAC)<br>Shawne Coonfare (JAC)<br>Barry DeJong (HHS) | Sandra Markley (SarpyCtyAtty)<br>Capt. Popp/ S. Petersen (OPD)<br>Nicole Goaley (DoCtyAtty)<br>Rachel Warne (Probation)<br>Judge Daniels (Douglas) Judge Gendler (Sarpy) |

### Steering Committee Objectives:

- Determine the current state of metro area programs that address the attendance / truancy issue.
- Determine the area(s) of focus to support students and families in school attendance.
- Determine key supporters/players to include in the community-wide effort to address attendance / truancy.
- Create and support the infrastructure of sub-committee work to determine potential strategies / programs to address attendance / truancy.
- Identify financial support for the program/strategies to address attendance / truancy.
- Champion the development and implementation of an action plan that provides the structure for successful support and intervention in attendance / truancy issues.
- Monitor and report progress to vested stakeholders within the metropolitan area.

## Potential Sub-Committee Membership

| Primary Prevention<br>*Attendance Supports* | Secondary Prevention<br>*Attendance Issues* | Pre-Court Intervention<br>*Truancy Patterns* | Justice Intervention<br>*Court Involvement* |
|---|---|---|---|
| Cross constituent membership to assist all committees in collaborative design and communication to supporting students/families in regular school attendance. | Cross constituent membership to assist all committees in collaborative design and communication to support students/families experiencing school attendance issues. | Cross constituent membership to assist all committees in collaborative design and communication to support students/families experiencing truancy patterns. | Cross constituent membership to assist all committees in collaborative design and communication to support students/families involved in the court system. |

## Potential Sub-Committee Objectives / Assigned Tasks

| Primary Prevention<br>*Attendance Supports* | Secondary Prevention<br>*Attendance Issues* | Pre-Court Intervention<br>*Truancy Patterns* | Justice Intervention<br>*Court Involvement* |
|---|---|---|---|
| • Share/enhance school strategies that maintain a safe and engaging school climate for all students.<br>• Share/develop best practices for engaging academically and socially struggling students.<br>• Explore and bring forward processes to assist and support families in school access (i.e. homeless children)<br>• Bring forward dollar requests for strategies that support regular school attendance for all students. | • Share current school/agency strategies in place to support school attendance.<br>• Identify current school-based programs in place to address school attendance issues.<br>• Explore root causes and common themes of attendance issues.<br>• Explore and bring forward a process to address issues impacting school attendance.<br>• Bring forward dollar requests for strategies that address attendance issues facing some students/families. | • Share district and agency practices/policies/terminology/definitions regarding absences.<br>• Develop a model for uniform reporting process.<br>• Gather community list of family resources and determine access.<br>• Develop strategies and programming options to work with students/families in diversion.<br>• Bring forward dollar requests for strategies that impact student/family truancy patterns. | • Revisit uniform report form and level of use.<br>• Design / update school – court communication protocol.<br>• Explore uniform procedures (i.e. time convenience of stakeholders, location of court session)<br>• Develop strategies and programming options to work with students/families in the court system (i.e. LPS model)<br>• Determine effective practices regarding truancy cases in the court system.<br>• Bring forward dollar requests for strategies that support students/families involved in the court system. |

Metro Child Advocacy Coalition - DoCo Juvenile Justice - Truancy Committee rev 5-25-07

S=Steering Committee - C = Subcommittee Co-Chair
1 = Primary Prevention; 2 = Secondary Prevention; 3 = Pre-Court Intervention; 4 = Justice Intervention

| Co | Colum | Name | Agency | phone | e-mail |
|---|---|---|---|---|---|
| S | | Steve Snodgrass, Chair | Ralston Public Schools | 898-3446 | steve_snodgrass@ralstonschools.org |
| | | Sue Evanich | Westside Schools | 390-2124 | sevanich@westside66.org |
| | | Tony Weers | Westside Schools | 390-6464 | tweers@westside66.org |
| | 1 | Trudi Nolin | Westside Schools | | tnolin@westside66.org |
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| C | 1 | Jill Nuismer | Millard Public Schools | 894-6179 | jmnuismer@mpsomaha.org |
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| | | Marilee Cloonan | Ralston Public Schools | 898-3447 | marilee_cloonan@ralstonschools.org |
| | | JoAnn Stevens | DC West High School | 359-2121 | jostevens@dcwest.org |
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| | | | | | |
|---|---|---|---|---|---|
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| | | Donna Wagner | Chicano Awareness Center | 733-2720 | dwagner@cacinc.org |
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| | | | | |
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| 2 | Brian Andersen | Capstone | 614-8444 | |
| 2 | Holly Filcheck | Capstone | 614-8444 | hollyfilcheck@hotmail.com |
| | Nancy Foral | Essential Pregnancy Srvcs | | nancy@essentialps.org |

# APPENDIX 8

Statement Regarding Youth Homelessness:

The extent of homelessness for unaccompanied youth between the ages of
16-24 is difficult to quantify. Youth are particularly good at survival.

In addition, homeless youth survive oftentimes by crashing on the couch of friends or other acquaintances, a practice known as couch surfing. In order to assess the current systems in place that serve homeless youth, and to raise awareness of youth homelessness in the Douglas, Sarpy, and Pottawattamie counties, the Metro Area Continuum of Care for the Homeless'

Youth Task Force will be undertaking a count of youth homelessness sometime in 2009. This count will incorporate all the systems that come in contact with youth who do not have a fixed nighttime residence: justice, education, mental health, nonprofit providers, etc.

Erin Bock
Program Coordinator
MACCH (Metro Area Continuum of Care for the Homeless)
115 S 49th Ave.
Omaha, NE 68132
402.561.7584

For more information, please visit:
www.MACCHomeless.org

**MACCH - Youth Task Force**

Formal Response to 10 Year Plan to End Homelessness

The Youth Task Force has reviewed the 10 Year Plan documents and feels strongly that services to youth should be included in the quest to end homelessness. It is our belief that that the cycle of homelessness may be broken if there is a focus on the youth experiencing homelessness. Therefore it is our recommendation that Youth Advocates be at every shelter to focus on the needs of each child, including physical, social and basic needs. Youth advocates will be knowledgeable of community resources that can be accessed to provide assistance to youth experiencing homelessness.

(added by EStec) Further, it is our recommendation that the currently unmet housing needs for unaccompanied youth and/or adolescents in our community be actively addressed by the 10 year Plan to End Homelessness. These youth are unable to access emergency shelters with AND without their families due to shelter restrictions. Youth also are not provided any community emergency housing support due to their age or not being accompanied by an adult. These are youth who are often asked to leave a family home or left to find their own housing with little to no resources.

It is the Youth Task Force's opinion that this (these) recommendation (s) will impact each goal set forth in the 10 Year Plan to End Homelessness.

Homeless 10-yr Plan Participants

| | |
|---|---|
| Stephen Spelic | Alegent |
| Mary Lee Fitzsimmons | Alegent Health Hospice |
| Ed Shada | Bellevue University |
| Katie Risch Bakhit | Campfire USA |
| Frank Velinsky | Caretech, Inc. |
| Diane McKee | Catholic Charities |
| Frances Hauptman | Catholic Charities |
| Joe Rysavy | Catholic Charities |
| Mike Phillips | Catholic Charities |
| Tiffany Powell | Catholic Charities |
| John Foley | Central States Development |
| Pat Christopher | Charles Drew Homeless Clinic |
| Brenda Carrico | City of Council Bluffs |
| Tina Hochwender | City of Council Bluffs |
| Gail Braun | City of Omaha, Mayor's Office |
| Silas Clarke | City of Omaha, Mayor's office |
| Vicki Quaites-Ferris | City of Omaha, Mayor's Office |
| Evert Peacock | Community Advocate |
| Heather Rizzino | Community Advocate |
| Linda Williams | Community Advocate |
| Aileen Brady | Community Alliance |
| JoAnn Strong | Community Alliance |
| Martin Manion | Co-Occurring Task Force |
| Cecelia Creighton | Council Bluffs Health Center |
| Steve Virgil | Creighton University |
| Jamie Grayson-Berglund | Destination Midtown |
| Kathy Kelley | Douglas County |
| Mary Ann Borgeson | Douglas County Commissioner |
| Jan Pelletier | Douglas County General Assistance |
| Mary Malone | Douglas County General Assistance |
| Jennifer Dreibelbis | Douglas County Health Department |
| Alex Gray | Eastern Nebraska Community Action Partnership |
| Deborah Conley | Family Housing Advisory Services |
| Ed Leahy | Financial Stability Partnership |
| Julie Kalkowski | Financial Stability Partnership |
| Mari Becker | Health and Human Services |
| Marianne Triplett | Health and Human Services |
| Sara Hohnstein | Heart Ministry Center |
| Joanie Spitznagle | Heartland Family Service |
| Paula Creps | Heartland Family Service |
| Rachel Stricklett | Heartland Family Service |
| Jean Chicoine | HHS |
| Blaine Shaffer | HHS - Behavioral Health |
| Judy McDonald | Holy Family |
| Greg Cecil | HUD |
| Tim Severin | HUD |

| | |
|---|---|
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| Vernon Tryon | Iowa Institute for Community Alliances |
| Julie Stavneak | J. Development |
| Dennis Anderson | Lead Safe Omaha |
| Patrick Ford | Legal Aid of Nebraska |
| Timothy Riviera | Legal Aid of Nebraska |
| Cindy Koster | Midwest Housing Equity Group |
| Chelsea Hardymon | Mission for All Nations |
| Brittany Hanson | Mosaic Community Development |
| Christian Gray | Mosaic Community Development |
| Jodi Cooper | Mosaic Community Development |
| Josh Harrison | Mosaic Community Development |
| Katie Ursini | Mosaic Community Development |
| Kim Armstrong | Mutual of Omaha |
| Blaine Shaffer | NE Dept HHS |
| Joel Rogers | NE Dept HHS |
| Mari Becker | NE Dept HHS |
| Sangeetha Youngman | Nebraska Aids Project |
| Erin Ching | Nebraska Appleseed |
| John Synowiecki | Nebraska State Senator |
| Vince Maytubby | Nebraska Urban Indian Health Coalition |
| Robyn Wisch | NET Radio |
| Michael Phillips | Omaha Campus for Hope |
| David Thomas | Omaha City Planning |
| James Thele | Omaha City Planning |
| Patrick McNamara | Omaha Community Foundation |
| Shelley Kiel | Omaha Downtown Improvement District |
| Barry Long | Omaha Housing Authority |
| Stan Timm | Omaha Housing Authority |
| Lt. Scott Gray | Omaha Police |
| April Earl | Omaha Public Library |
| Rivkah Sass | Omaha Public Library |
| Eric Stec | Omaha Public Schools |
| Terry Kocsis | Omaha Public Schools |
| Andrea Skolkin | One World Community Health Center |
| Pat O'Hanlon | One World Community Health Center |
| Candace Gregory | Open Door Mission |
| Charity Watts | Open Door Mission |
| Dan Applegate | Open Door Mission |
| Dick Arant | Open Door Mission |
| Joy Stevens | Open Door Mission |
| Judy Collins | Open Door Mission |
| Karen Applegate | Open Door Mission |
| Rhonda Nelson | Open Door Mission |
| Stan Latta | Open Door Mission |
| Tim Suelter | Open Door Mission |
| Kirstin Hallberg | Oxford House |

| | |
|---|---|
| Tracy Bohrofen | Peter Kiewit Foundation |
| Pat Gromak | Prevention Task Force Member |
| Leigh Trumble | Project Hope |
| Ed Shada | Qresolution.com |
| Alice Drake | Region 6 Behavioral Healthcare |
| Paula Bruland | RSRC (Telecare) |
| Jeannette Winkler | Salvation Army |
| Martie Conkling | Salvation Army |
| Theresa Christensen | Salvation Army |
| Louise Latimer | Senator Ben Nelson's Office |
| Mike Saklar | Siena Francis House |
| Rod Bauer | Siena Francis House |
| Eliga Ali | SourceNet |
| Del Bomberger | Stephen Center |
| Molly Nosbisch | Stephen Center |
| Bob Braun | The Lozier Foundation |
| Bobbi Nielsen | The Micah House |
| Rosey Higgs | The Micah House |
| Valerie Russell | The Russell Center |
| Cindy Grady | Together Inc. |
| Stephanie Ahlschwede | United Methodist Ministries |
| Harriette Washington | United State Probation Office |
| Barb Velinsky | United Way |
| Virgil Keller | United Way |
| Karen Rolf | University of Nebraska at Omaha |
| Sara Woods | University of Nebraska at Omaha |
| Bob Messick | VA Hospital |
| Kurt Hoagland | Veterans Administration |
| Michael Johnson | Veterans Administration |
| Pam Dorau | Veterans Administration |
| Sharon Kay | Veterans Auxilary |
| Bernadette Mruz | Visiting Nurses Association |
| Betty Cernech | Visiting Nurses Association |
| Marilyn Wegehaupt | Visiting Nurses Association |
| Kraig Williams | Wells Fargo |
| John Scott | William and Ruth Scott Family Foundation |
| Pastor Pat Williams | Williams Prepared Place |
| Bob Storey | Youth Emergency Services |
| Cindy Goodin | Youth Emergency Services |
| Peggy Wickerham | Youth Emergency Services |
| Chris Carlson | YWCA |
| Ellen Freeman-Wakefield | YWCA |
| Lynn Beha | Zaiss and Company |

# Table II-05

## Birth Order By Age of Mother

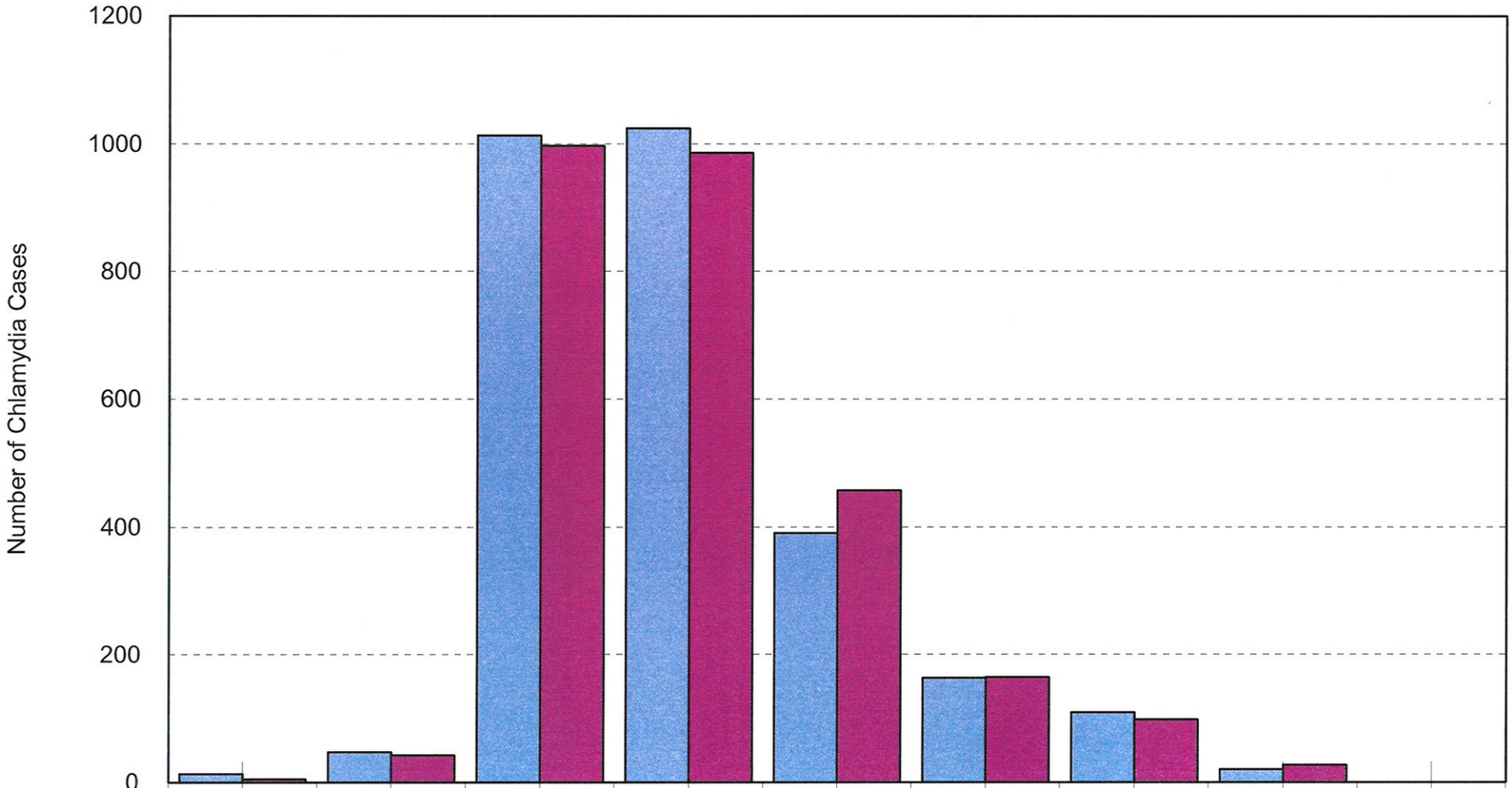
**Douglas County, Nebraska 2007**

| | Birth Order* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age of Mother | Total | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th or Higher | Unknown |
| 13 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | 43 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | 82 | 69 | 12 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | 150 | 128 | 21 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | 226 | 188 | 34 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | 285 | 203 | 66 | 15 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | 349 | 223 | 91 | 28 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | 387 | 198 | 127 | 47 | 13 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | 388 | 162 | 152 | 57 | 13 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | 406 | 165 | 143 | 67 | 20 | 8 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 |
| 24 | 459 | 173 | 161 | 85 | 30 | 8 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 25 | 484 | 208 | 154 | 81 | 29 | 4 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | 508 | 212 | 169 | 76 | 30 | 11 | 9 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 27 | 525 | 201 | 198 | 73 | 33 | 10 | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 1 |
| 28 | 502 | 161 | 191 | 85 | 40 | 16 | 3 | 3 | 1 | 0 | 0 | 0 | 1 | 1 |
| 29 | 507 | 162 | 168 | 107 | 48 | 10 | 7 | 1 | 2 | 0 | 0 | 1 | 0 | 1 |
| 30 | 513 | 165 | 179 | 99 | 44 | 9 | 13 | 2 | 0 | 0 | 0 | 1 | 0 | 1 |
| 31 | 491 | 131 | 173 | 96 | 62 | 16 | 2 | 5 | 4 | 0 | 0 | 0 | 0 | 2 |
| 32 | 412 | 108 | 144 | 91 | 43 | 16 | 6 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | 349 | 79 | 115 | 89 | 36 | 14 | 10 | 1 | 2 | 2 | 0 | 0 | 0 | 1 |
| 34 | 319 | 71 | 96 | 86 | 37 | 15 | 5 | 5 | 2 | 0 | 1 | 0 | 0 | 1 |
| 35 | 266 | 50 | 96 | 65 | 30 | 15 | 6 | 3 | 1 | 0 | 0 | 0 | 0 | 0 |
| 36 | 237 | 45 | 64 | 72 | 34 | 12 | 3 | 6 | 0 | 1 | 0 | 0 | 0 | 0 |
| 37 | 199 | 27 | 54 | 61 | 29 | 14 | 9 | 2 | 2 | 0 | 0 | 0 | 1 | 0 |
| 38 | 127 | 21 | 36 | 29 | 22 | 9 | 6 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 39 | 108 | 20 | 35 | 21 | 15 | 8 | 4 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 40 | 61 | 9 | 12 | 13 | 14 | 4 | 3 | 0 | 2 | 1 | 2 | 1 | 0 | 0 |
| 41 | 40 | 7 | 7 | 6 | 8 | 4 | 5 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| 42 | 16 | 1 | 5 | 3 | 3 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 43 | 15 | 7 | 1 | 4 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44 | 8 | 0 | 1 | 3 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 47 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 53 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **County Total** | 8,477 | 3,248 | 2,705 | 1,465 | 644 | 212 | 110 | 42 | 23 | 6 | 5 | 5 | 3 | 9 |
| Average Age | 27.5 | 25.0 | 27.8 | 29.5 | 30.8 | 31.9 | 32.2 | 33.1 | 35.6 | 36.5 | 40.6 | 29.6 | 29.3 | |
| Median Age | 27 | 25 | 28 | 30 | 31 | 31 | 32 | 34 | 35 | 36 | 40 | 29 | 29 | |

2007 data are provisional.

* Includes live births now living or now dead.

# Number of Chlamydia Cases by Age Group
# Douglas County, NE
# 2006-2007

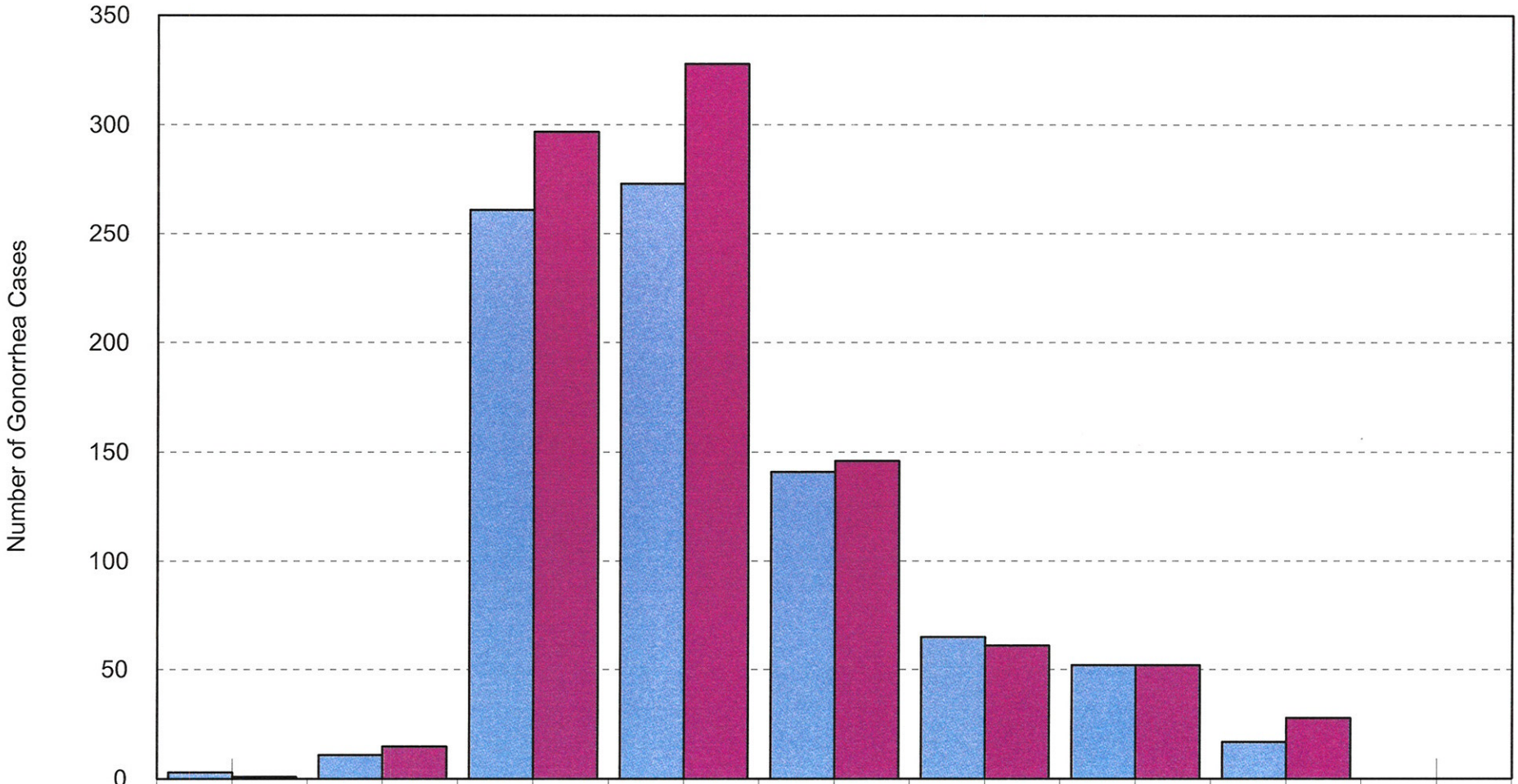



| | 0-9 Yrs | 10-14 Yrs | 15-19 Yrs | 20-24 Yrs | 25-29 Yrs | 30-34 Yrs | 35-44 Yrs | > 44 Yrs | Unknown |
|---|---|---|---|---|---|---|---|---|---|
| 2006 | 13 | 47 | 1013 | 1024 | 391 | 163 | 109 | 20 | 0 |
| 2007 | 5 | 42 | 997 | 986 | 458 | 164 | 98 | 27 | 0 |

Based on Date of Diagnosis

Douglas County Health Department 03/07/2008

# Number of Gonorrhea Cases by Age Group
# Douglas County, NE
# 2006-2007



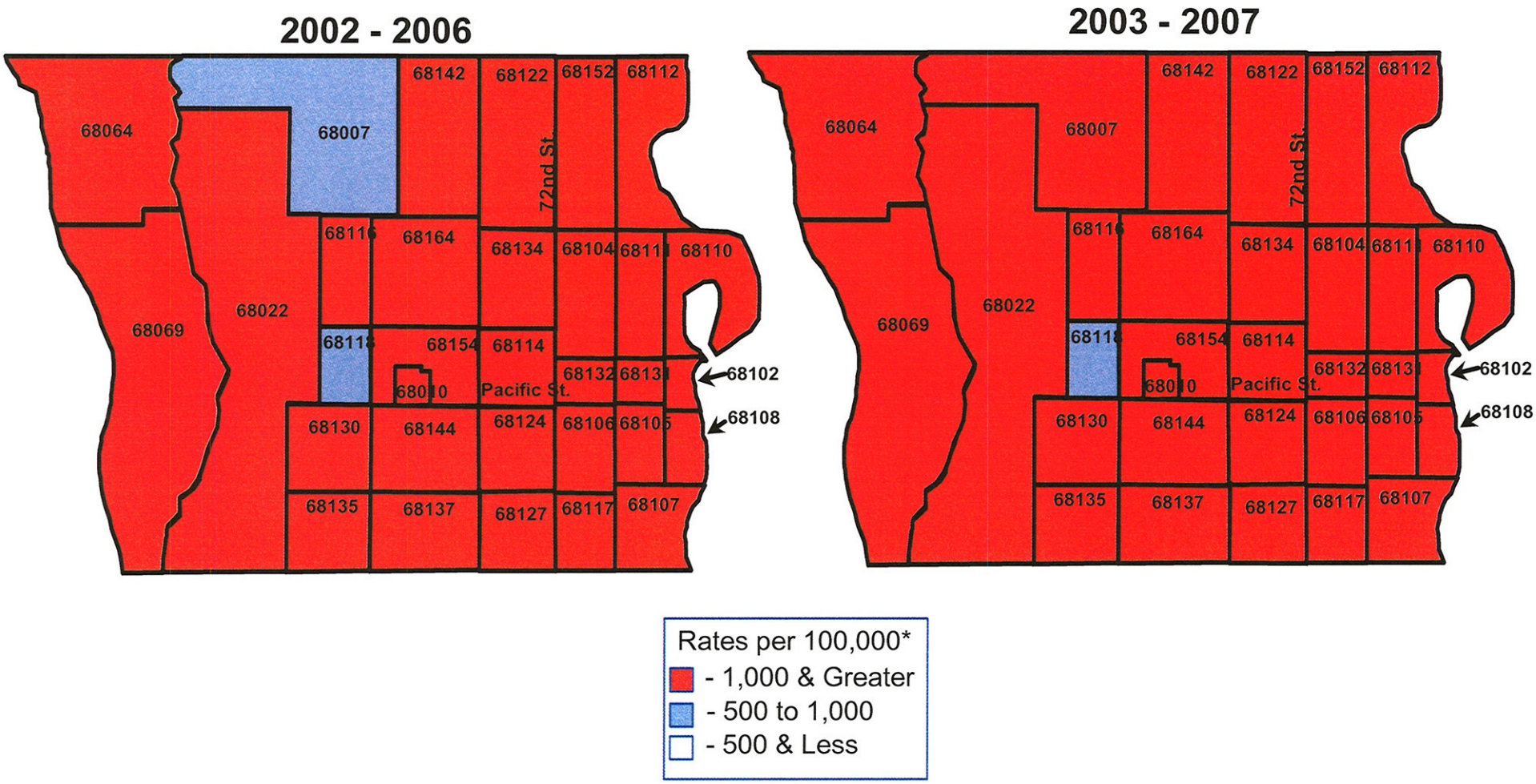

| | 0-9 Yrs | 10-14 Yrs | 15-19 Yrs | 20-24 Yrs | 25-29 Yrs | 30-34 Yrs | 35-44 Yrs | > 44 Yrs | Unknown |
|---|---|---|---|---|---|---|---|---|---|
| 2006 | 3 | 11 | 261 | 273 | 141 | 65 | 52 | 17 | 0 |
| 2007 | 1 | 15 | 297 | 328 | 146 | 61 | 52 | 28 | 0 |

Based on Date of Diagnosis

Douglas County Health Department 03/07/2008

DOUGLAS COUNTY Health Department

# Chlamydia Rates by Zip Code
# Females, 15 to 24 Age Group
# Douglas County, Nebraska - Five Year Average




* Population based on 2000 US Census
Based on Date of Report

Douglas County Health Department 03/07/2008

# APPENDIX 9

# Juvenile Reintegration Committee

**Increase local capacity and improve existing programs to better support juveniles' successful re-integration with family, school and the community following formal interventions by the social service and justice systems.**

| Organization | Representative | Address | Contact | Services Provided | Cost | # Limit |
|---|---|---|---|---|---|---|
| Alegent Level 3 | | | | | | |
| Blackburn OPS | Claudette Blount – Transition, Re-Integration Specialist. | 2606 Hamilton Street | 344-3385 Ext 1008 | Prepares students to return to a traditional school through tours, school visits, home visits and talking to teachers and administrators about how the students are doing. | | |
| Boys' and Girls' Club | | | | | | |
| Camelot Care Centers | David Gaines | 11711 Arbor Street | Phone: 392-2972 e-mail: dgaines@camelotcare.com | Outpatient counseling<br>Foster care | | |
| Camp Fire USA | Penny Parker | 3801 Harney Street Suite 120 | Phone: 397-5809 Fax: 397-5811 e-mail: maddison@campfireomaha.org | After school programs K-12. Builds relationships with youth and their teachers in order to be an advocate for them within the school system. | | |
| Capstone Behavioral Health | Nikki Conner | 19415 South 42 Street Suite 514 | Phone 614-8444 e-mail nrconner@cox.net | Services Include:<br>- Outpatient mental health and substance abuse counseling<br>- Psychological evaluations<br>- Parenting assessments<br>- Family support<br>- Parent education<br>- Drug testing<br>- Truancy intervention<br>- Anger management and decision-making groups | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Child Saving Institute/Catholic Charities | Judy Kay | 115 South 46 Street | Phone: 553-6000<br>Fax: 553-2429<br>e-mail: jkay@childsaving.org | Journeys is a comprehensive substance abuse treatment program – collaboration of CSI, Catholic Charities and Omaha Home for Boys.<br>- Residential Treatment<br>- Intensive Outpatient<br>- Outpatient<br>- Community Reintegration Services | | |
| Fr. Flanagan's Girls' and Boys' Town Foster Care | Brad Brown | 13603 Flanagan Boys Town, NE 69010 | Phone 498-3004<br>Fax 964-7150 | Two additional programs that have been piloted for the last couple of years in Girls' and Boys' Town's Foster Care program:<br>- **Intensive Crisis Service**: Project Harmony refers to Girls' and Boys' Town to prevent wardship of the child. This program attempts to assess and create a family skill building plan within a 45 day period. Referral resources are also given as needed within the family plan.l<br>- **Crisis Response Service:** Project Harmony refers to Girls' and Boys' Town and other service providers for a one-time, 14 day assessment and recommendation for the child. | | |
| Goodwill Partnership for Youth Development | | | | | | |
| Heartland Family Service | Joanna Lindberg | 2101 South 42 Street | Phone: 552-7414<br>Fax: 552-7497<br>e-mail: jlindberg@heartlandfamilyservice.org | Programs helpful for delinquent youth returning to the community after return from YRTC or out of community placement.<br>- Victim Empathy Program<br>- Victim Offender Meeting<br>- Life Coach | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lutheran Family Services | Marti Wilson | 120 South 24 Street | Phone: 342-7007<br>Fax: 661-7117<br>e-Mail: mwilson@lfsneb.org | - Foster care<br>- Treatment foster care<br>- Outpatient mental health<br>- Substance abuse behavioral health treatment<br>- Programming for sexually abused children and adults<br>- Refugee and resettlement services | | |
| Methodist Community | | | | | | |
| Omaha Street School | | | | | | |
| OPS – Student Services | Dr. Wesley J. Galusha | 3215 Cuming Street | Phone: 557-2710<br>Fax: 557-2715<br>e-mail: Wesley.galusha@ops.org | | | |
| Owens Educational | Kris Limbach | 7413 North 30 Street | Phone: 455-5067<br>Internet: theowenscompany.com | - Diversion educational services<br>- State contract<br>- Sliding Scale Fee Base | | |
| Parrish School | Mary-Beth Muskin,<br>Shelley Pool | 4469 Farnam Street | Phone: 554-8460<br>Fax: 554-1639<br>e-mail: □arybeth.muskin@ops.org | Expelled Student Program<br>- Counselors meet with every student to review their transcript and Individual Learning Plan in order to plan for successful high school completion.<br>- Students are tracked by Parrish Counselors until through graduation once their expulsion is successfully completed and they have returned to traditional school.<br>- Students are tracked by Parrish Counselors through school visits mid-quarter providing grade review and resources as needed: phone calls, and home visits. | | |
| Ralston Public Schools | Terry Kahn | | | | | |

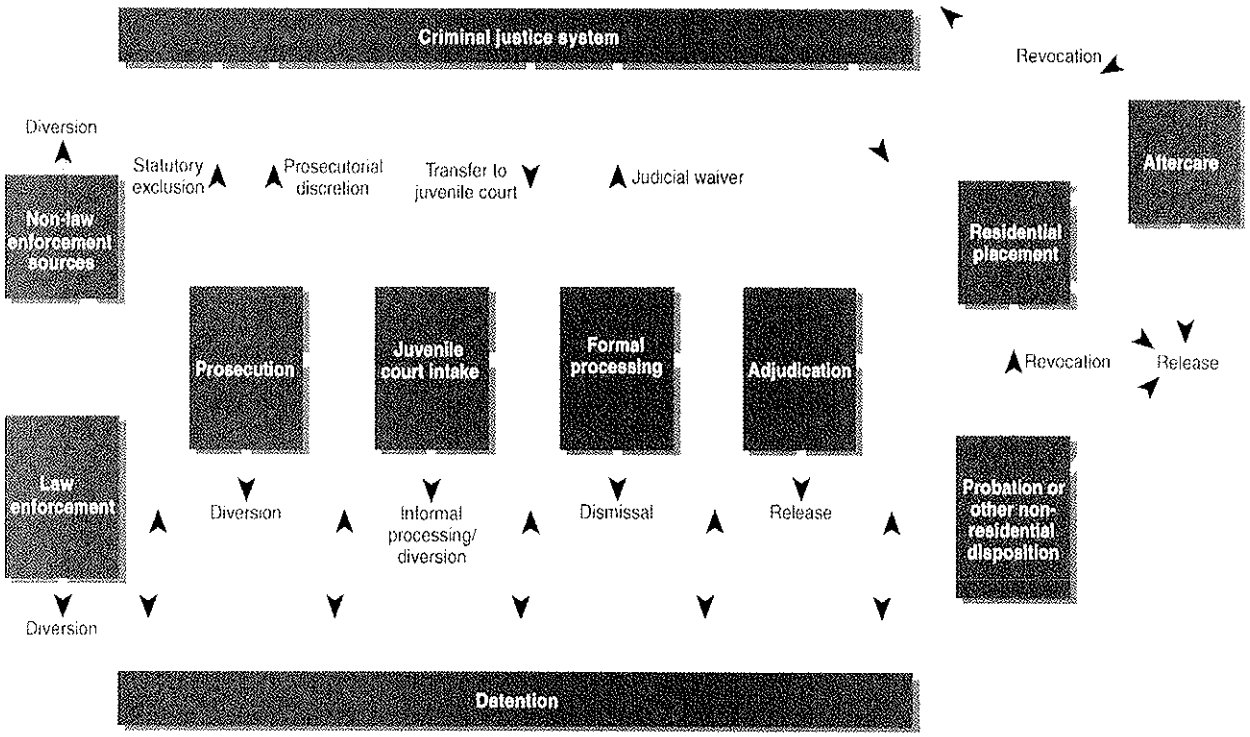
| | | | | | | |
|---|---|---|---|---|---|---|
| Ted E. Bear Hollow | Nancy Hemesath | PO Box 4823<br>347 North 76 Street | Phone 502-2773<br>Fax 502-4564<br>e-mail<br>info@tedebearhollow.org | They provide a Re-Integration and a preventive outlet for feelings so that children, adolescents and their care givers can bounce back from grief. A refocus on school and all other aspects of their lives. | | |
| Turning Point – YEP | | | | | | |
| Youth Partnership – Goodwill Industries | Christine Agular | 2421 North 24 Street | | Youth Partnership Voluntary Program<br>- Supportive services for accomplishing career goals | | |

# APPENDIX 10

**DISPROPORTIONATE MINORITY CONTACT (DMC)***
**COMMITTEE MEMBERSHIP**

| Name | Agency | Ph | Email address |
|---|---|---|---|
| Alexander, Brad | DCYC | 444-1924 | balexander@co.douglas.ne.us |
| Culp, Kim | Juvenile Ass Ctr | 444-5413 | kculp@co.douglas.ne.us |
| Currans, Mindy | Public Defender | 444-6892 | mcurrans@co.douglas.ne.us |
| Fahy, Jim | Probation | 444-7115 | jfahy@co.douglas.ne.us |
| Goaley, Nicole | Co. Atty | 444-1753 | ngoaley@co.douglas.ne.us |
| Lindberg, Joanna | Heartland Family Service | 552-7413 | jlindberg@heartlandfamilyservice.org |
| Rick Kubat | Do. Co. Commissioners | 444-7025 | rkubat@co.douglas.ne.us |
| open | Chicano Awareness | 733-2720 | |
| Popp, Ruth | Omaha Police Dept. | | rpopp@ci.omaha.ne.us |
| Wilson, Tommie | NAACP | 345-6627 | omahanaacp@aol.com |
| Sandra Mehojah | OPS- Title VII Native American Services | 557-2459 | sandra.mehojah@ops.org |
| Eloise Temple | OPS | 557-2710 | Eloise.temple@ops.org |
| Regina Tullos Williams | Boys & Girls Club | | rtwilliams@bgcomaha.org |
| Tonya Moore | Ne Childrens Home | | tmoore@NCHS.ORG |
| | | | |
| | | | |
| | | | |

*A subcommittee of Judge Wadie Thomas's Graduated Sanctions Initiative


Criminal justice system
Revocation
Diversion
Statutory exclusion
Prosecutorial discretion
Transfer to juvenile court
Judicial waiver
Aftercare
Non-law enforcement sources
Residential placement
Prosecution
Juvenile court intake
Formal processing
Adjudication
Revocation
Release
Law enforcement
Probation or other non-residential disposition
Diversion
Diversion
Informal processing/ diversion
Dismissal
Release
Diversion
Detention

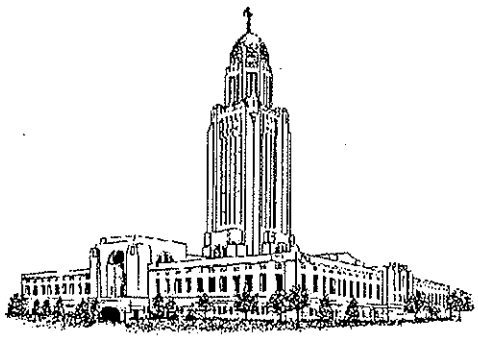
# APPENDIX 11

Nebraska State Legislature

SENATOR BRAD ASHFORD

District 20
7926 Shirley Street
Omaha, Nebraska 68124
(402) 255-0037

Legislative Address:
State Capitol
PO Box 94604
Lincoln, Nebraska 68509-4604
(402) 471-2622
bashford@leg.ne.gov



COMMITTEES

Chairperson - Judiciary
Education
Committee on Committees

December 12, 2008

Dear Colleagues:

Our community and state continue to experience an increasing plague of gang and gun violence associated with our youth. Street and gun violence has increased despite significant efforts by law enforcement. It is evident to the Judiciary Committee that in addition to traditional methods, new approaches are necessary to reduce violence.

Last session, the Judiciary introduced LR 390 to examine firearm-related crime in Nebraska. The Committee researched programs from other cities, formed a working group of citizens and held a public hearing on September 12, 2008. A summary of the testimony is attached.

One program studied by the Committee is CeaseFire Chicago developed at the University of Illinois-Chicago by Dr. Gary Slutkin. Dr. Slutkin, in collaboration with local law enforcement, puts well trained ex-offenders on the street in known hot spots to help interrupt violence before it happens. Northwestern University, in a study commissioned by the National Institute of Justice, found that the CeaseFire program did in fact reduce violence. (See attached)

Violence Intervention programs have been implemented in Cincinnati, Boston, Milwaukee, Oakland, Baltimore, Kansas City, and other communities. Each program implements an intervention model specific to each community, with the goal to stop the violence before it occurs. These programs rely on broad community support, cooperation from law enforcement, and a willingness to adopt new strategies. In no case do these programs claim or are they a substitute for tough punishment for offenders who violate the law. There must be consequences for bad acts. The Committee is cognizant of that fact and is reviewing the

enhancement of penalties for firearm and gang related crime, including graffiti. In this packet are drafts of legislation to address these issues. In addition, we are investigating the need for juvenile justice process and incarceration reform.

Former Omaha Police Chief Tom Warren supports the need for intervention programs to help reduce violent crime,

***" As the former Chief of Police of the Omaha Police Department, my biggest challenge was reducing violent crime. There were times when we managed our crime rate effectively. Unfortunately, there were several occasions when we would experience spontaneous outbreaks of gun violence. These incidents would include drive-by shootings committed by gang members involved in disputes over the distribution of illegal narcotics."***

***" Law enforcement's primary response to these incidents would include assigning additional resources to the "designated hot spots" areas to suppress the activity. However, our intervention strategy was lacking the ability to interrupt the cycle of retaliatory shootings at the street level. This is where CeaseFire would be very useful. Ex-offenders with street credibility would be utilized to intervene in these conflicts.*** *(Letter attached)*

The experience of the several crime intervention programs that we reviewed indicate that unless you have an institution dedicated specifically to violence reduction, traditional law enforcement and corrections efforts are unlikely to reduce violence beyond current levels. I will be proposing to the Legislature the creation of the Office of Violence Prevention (OVP) to be located at the University of Nebraska at Omaha School of Criminology and Criminal Justice. The goal of OVP is to provide technical assistance to State and local government and law enforcement agencies by developing programs to prevent violent crime. OVP will work in collaboration with local and national resources to develop the best practices in violence prevention. Funding for OVP will include private and public sources.

I would like to extend my gratitude to Mayor Mike Fahey for his support of our efforts and the participation of Councilmen Frank Brown and Jim Suttle at the Judiciary Committee Hearing. Also, I would like to recognize Senator Lowen Kruse and Senator John Nelson for taking part in the hearing on September 12$^{th}$, with the Judiciary Committee members.

Omaha Police Chief Eric Buske and his team have worked with the Committee in analyzing these issues. In addition, Dr. Hank Robinson from the UNO Juvenile Justice Institute has compiled significant data on youth and gang violence and has worked with the Committee in the development of the Office of Youth Violence. Amanda Geppert and her team from CeaseFire Chicago have made two trips to Omaha and also hosted a session at CeaseFire in Chicago. Her help has given the Committee significant insights into her program and violence intervention.

Special thanks must be given to the professionals and citizens who have worked with the Committee on this project: Captain Alex Hayes and Sgt. Theresa Negron (OPD), Bruce Ferrell (Midwest Gang Investigators), John Pierce (Office of the President Creighton University), Barb Angilino (Executive Director, Conference for Inclusive Communities), Scott Anderson and Fred Schott (Boys and Girls Club), Ben Gray, Trish Sullivan (Creighton University), BJ Reed (Dean of Public Affairs and Community Service UNO), Kristin Mattson (Nebraska Methodist College), Dr. Ken Bird (Building Bright Futures Foundation); Dr. Mark Foxall (Douglas County Department of Corrections), Dr. Robert Muellman (Chair Dept of Emergency Medicine UNMC), Linda Ollis (Creighton University Medical Center); Linda Lander and Diane Yetter (UNMC), Fred Salzinger (Creighton University), Tom Warren (Urban League), John Cavanaugh (Building Bright Futures), Kathleen Kelley (Chief Administrative Officer Douglas County), Dr. Sam Walker (retired UNO Professor of Criminal Justice), Peter Lahti and Terry Ferguson J.D..

The cycle of violence will not ameliorate without significant public involvement and the willingness to explore new strategies that recognize the realities of street and gang violence. What is certain is that no one strategy will win this battle. We must be willing to commit to a sustainable effort to stop violence and thereby reduce the horrific human and economic costs associated with such crimes.

Sincerely yours,

Senator Brad Ashford (Dist. 20)

# Nebraska State Legislature

SENATOR BRAD ASHFORD

District 20
7926 Shirley Street
Omaha, Nebraska 68124
(402) 255-0037

Legislative Address:
State Capitol
PO Box 94604
Lincoln, Nebraska 68509-4604
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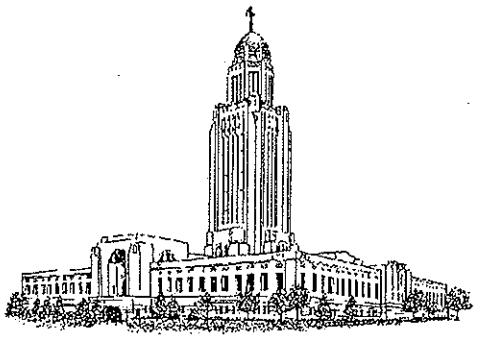
bashford@leg.ne.gov



COMMITTEES

Chairperson - Judiciary
Education
Committee on Committees

## INDEX

## LAW ENFORCEMENT

Colonel Bryan Tuma- Superintendent of Nebraska State Patrol
Captain Alex Hayes- Omaha Police Department
Kermit Brashear- Community Corrections

## 7) PROPOSED LEGISLATION FOR 2009

1) Create the Office of Violence Prevention
2) Increase the current mandatory sentence for using a firearm to commit a felony.
3) Increase the current mandatory sentence for possession of a firearm by a convicted felon.
4) Provide a mandatory minimum sentence to the current law prohibiting the unlawful transfer of a firearm to a juvenile.
5) Provide a penalty for criminal gang participation and allow sentence enhancements for gang members committing various crimes for the benefit of a gang.
6) Change provisions and penalties regarding graffiti defacement of property.

# APPENDIX 12

# Community Planning Decision Point Analysis
## Douglas County

### Statistical Summary

| | Total Population (*2000) | Juvenile Population (**2004) |
|---|---|---|
| Total Population | 463,585 | 54,878 |
| Male | 226,734 | 28,090 |
| Female | 236,851 | 26,788 |
| White | 375,317 | 41,168 |
| Black/African American | 53,330 | 8,099 |
| Asian | 7,944 | 702 |
| Hawaiian/Pacific Islander | 250 | 3 |
| American Indian | 2,809 | 363 |
| Hispanic | 30,928 | 3,990 |
| Juveniles Arrested | | 3,801 |
| Juveniles Detained | | 1,708 |
| Juveniles Prosecuted | | 1,365 |
| Juveniles Placed in Diversion | | 839 |
| Adjudicated | | 1,365 |
| on Probation | | 744 |
| YRTC-Kearney commitments | | 112 |
| YRTC-Geneva commitments | | 33 |

**Sources: *2000 US Census Data; **2004 DMC Federal Reports (Ages 10-17)**

***System Decision Point 1:***

1) **Arrest/Citation: Police/Law Enforcement** (NRS §§ 43-247(1), (2), (4))
   - c. Decision: Whether an information report should be filed, or what offense, if any, with which juvenile should be cited or arrested
     - iii. Determining factors:
       - 3. Formal
         - b. Sufficient factual basis to believe offense committed
         - c. Underlying support for a particular offense
       - 4. Informal
         - d. Officer's inclination/patience
         - e. Degree to which parent or service provider pushes the issue
       - ***5. Problem:***
         - f. ***Treatment providers can force the issue of a citation, even though misbehaviors are a part of the youth's treatment. This leads to the removal of youth from a treatment***

*facility and their placement somewhere less appropriate for their needs and risks.*

d. Decision: Whether the officer should cite or arrest youth for juvenile or adult offense
   iv. Determining factors:
      6. Formal:
         g. Seriousness of offense
         h. Type of offense
      7. Informal:
         i. Degree to which juvenile cooperates with officer
         j. Victim's ire/desire
      8. ***Problem: Officers can bypass the probation detention assessment process by booking youth as an adult.***
         k. ***This may contribute strain to the capacity of the Douglas County Youth Center because youth are being detained unnecessarily.***
         l. ***This leads to cases being unnecessarily filed in County/District Court. As a result of their heavy caseloads, the City Prosecutor/County Attorney may not realize a case belongs more properly in Juvenile court until the waiver hearing. The time associated with the transfer to Juvenile Court delays the processing of the case and affects the justice system's ability to quickly and appropriately respond to a youth around the time of their offense.***

e. Decision: Whether to take juvenile into custody or to cite and release (NRS § 43-248(1), (2); § 43-250(1), (2), (3))
   v. Determining factors:
      9. Immediate risk to juvenile
      10. Immediate/short-term risk to public
      11. Seriousness of perceived offense
      12. Extent to which parent or other responsible adult available to take responsibility for juvenile

f. **Comments:** Data from 2004 shows that of the 1705 youth detained at DCYC, 605, or 35% were detained after being booked for a misdemeanor (317 juveniles) or a felony (288 juveniles). The data also shows that less than 200 of all youth detained were released within 24 hours; the average length of detention in 2004 was 29 days.

   DCYC data also shows that 95 youth under the age of 13 were brought in for a detention assessment; 16 were released without being detained.

## *System Decision Point 2:*

2) **Initial Detention: State of Nebraska Probation** (NRS § 43-250(3), § 43-260, § 43-260.01)
   a. In Douglas County: occurs at Douglas County Youth Center
   b. Decision: Whether juvenile should be detained or released
      i. Determining factors:
         1. Risk assessment outcome
         2. Accessibility of placement options:
            a. Parents/Guardians
            b. Emergency Shelter
            c. Staff Secure Facility (e.g., Uta Hallee, Cooper Village)
            d. Secure detention facility (DCYC)
      *ii. Problem:*
         *1. Officers can charge youth as an adult to bypass the detention intake process*
         *2. Officers can structure charges to push the offense seriousness high enough that detention assured*
            *a. Detention intake assessment tool strongly oriented towards offense seriousness; not a great risk/needs assessment tool*

   c. **Comment:** Unlike many other counties around Nebraska, Douglas County is fortunate to have a secure detention facility at which police officers and Probation's intake officers can converge to determine the most appropriate placement for a youth pending the processing of their original charge. This optimizes the safety and security of the juvenile and community, but also presents the real risk that detention decisions tend to be conservative, rather than fully exploring the possibility of alternative, less secure placements. In the "Detention Intake Survey of Nebraska Juvenile Probation Officers" completed at the end of 2003, Probation officers in Douglas County estimated the split of their placement decisions to be 30% to parents, 13% to another responsible adult within the community, 5% to an emergency shelter, 10% to a staff secure facility, and 42% to secure juvenile detention.

   Probation's present detention assessment is strongly influenced by the youth's "crime". Probation is presently investigating alternative instruments for the detention assessment, however, and these changes suggest that the number of youth detained immediately following their arrest may be expected to drop over the next year. Clearly the low reliance on emergency shelters and staff secure facilities raises questions about whether additional capacity in these types of placements would further reduce the use of DCYC as an initial detention placement.

## *System Decision Point 3:*

3) **Charge juvenile: County Attorney (NRS § 43-274(1), § 43-275, §43-276)**
   a. Decision: Whether to prosecute juvenile

i. Determining factors:
    1. Formal
        a. Likelihood of successful prosecution
        b. Factors under NRS § 43-276:
            i. Type of treatment to which juvenile would be most amenable
            ii. Evidence that offense was violent, aggressive, or premeditated
            iii. Motivation for commission of offense
            iv. Age of juvenile and co-offenders
            v. Previous offense history, especially patterns of prior violence or antisocial behavior
            vi. Juvenile's sophistication and maturity
            vii. Juvenile's prior contacts with law enforcement and the courts
            viii. Whether there are facilities particularly available to the juvenile court for the treatment and rehabilitation of the juvenile
            ix. Whether best interests of juvenile and public safety dictate supervision extending beyond his or her minority
            x. Victim's inclination to participate in mediation
            xi. "Such other matters as the county attorney deems relevant to his or her decision"
        c. How appropriate offender is for Diversion
            i. For those juveniles referred to the Juvenile Assessment Center, whether their risk/need profile makes them a good fit for the diversion services available
            ii. Whether juvenile has demonstrated an inability to successfully complete/cooperate with the Diversion program options
            iii. Whether juvenile refuses to participate in Diversion
            iv. ***Problem: Those offenders whose case has been transferred to Juvenile Court from either County or District Court are not quickly assessed at the Juvenile Assessment Center. While the County Attorney would not refer some of these youth to the JAC, the rest would complete an assessment and possibly enter diversion programming much closer to their offense date if the case had not been delayed by the transfer process.***
    2. Informal
        a. Willingness of parents and youth to take responsibility for offense committed.

b. Decision: Whether youth should be prosecuted as juvenile or adult

i. Determining factors
    1. Formal:
        a. Seriousness of offense
    2. Informal:
        a. "Adult" divisions of County Attorney's office tend to push kids to Juvenile division, but Juvenile division does not always contribute to this decision.
        b. Adult divisions agree to defense counsel requests to transfer case from county court to juvenile court in the absence of compelling reason to do otherwise.
    3. ***Problem: Nebraska law and Douglas County/City of Omaha practices are structured such that the offense for which a juvenile is arrested or cited determines the court in which their offense is originally heard. As the table below illustrates, assignment to a particular court, especially for 16 and 17 year olds is often a matter of circumstance rather than design.***

## Court Jurisdiction over Juv. Offenders by Age and Offense

| Offense | Age | Court |
|---|---|---|
| Misdemeanor/violation of city ord. *other than a traffic offense* | Under 16 | Juvenile Court |
| | 16, 17 | Juvenile Court, County Court, District Court |
| Traffic offense | Under 16 | Juvenile Court, ? |
| | 16, 17 | Juvenile Court, County Court, District Court |
| Felony | Under 18 | Juvenile Court, District Court |

a. ***Given the breadth of possibility, the need for efficient processing, and the burden of heavy case-loads it is easy to see how the County Court, City Attorney, and Adult Division of the County Attorney are placed in the awkward, if not impossible, position of attempting to sort out motions to transfer to Juvenile Court without the benefit of additional information prior to hearings. Absent compelling reasons to keep a case in County or District Court, it generally seems in the best interest of youth for the prosecutors and court to acquiesce to the transfer request.***
b. ***As a result, some youth who would benefit from a transfer are retained in adult court and others, who have already exhausted the resources and range of interventions available in the juvenile court system are transferred when prosecution as an adult truly fits the risks and needs of the juvenile.***

c. ***The delay caused by the filing and transfer process handicaps the system's ability to quickly pull an offender into services and supervision as soon after their crime as possible. Not only does this delay impact the system's capacity to meaningfully change the juvenile's behavior, it also slows the system from holding the youth accountable for their crime in a timely manner.***

c. Decision: Offense for which juvenile should be charged
   i. Determining factors
      1. Factual basis for charge
      2. Evidentiary support for proving case
      3. Willingness of juvenile to accept responsibility for action

   ii. Distribution of Douglas County Juvenile Arrests for 2004

   As the table to the right illustrates, the bulk of offenses for which juveniles were arrested last year are focused among theft and drug/alcohol-related offenses. The sum of all theft and drug/alcohol offenses represents 60% of the total primary offenses for which juveniles were arrested.

Douglas County 2004 Juvenile Arrests by Crime Category

| Crime Category | # | % of Total |
|---|---|---|
| Larceny | 1183 | 31.1% |
| Drug Offenses | 408 | 10.7% |
| Liquor Laws | 343 | 9.0% |
| Simple Assault | 282 | 7.4% |
| Disorderly | 278 | 7.3% |
| Vandalism | 243 | 6.4% |
| Burglary | 113 | 3.0% |
| DUI | 70 | 1.8% |
| Stolen Property | 66 | 1.7% |
| Weapons | 65 | 1.7% |
| Agg Assault | 57 | 1.5% |
| Robbery | 49 | 1.3% |
| Sex Offenses | 39 | 1.0% |
| MVT | 38 | 1.0% |
| All other offenses | 567 | 14.9% |
| Total | 3801 | 100.0% |

Source: Nebraska Crime Commission

d. **Comment:** First, Neb. Rev. Stat. § 43-247 (2002) provides the juvenile court "shall have exclusive original jurisdiction as to any juvenile . . . under the age of 16 [who has committed an act other than a traffic offense which is a misdemeanor or violated a city ordinance.]." Neb. Rev. Stat. § 43-247 (2002) further states that the juvenile court "shall have concurrent original jurisdiction with the district court for any juvenile who [has committed an act which would constitute a felony under Nebraska law]." Finally, Neb. Rev. Stat. § 43-247 (2002) provides the juvenile court shall have concurrent original jurisdiction with the district and county court as to any juvenile [who is sixteen or seventeen and who has committed a misdemeanor, violated a city ordinance, or a traffic offense]." The table, above, illustrates how this statute distributes jurisdiction across juveniles, offenses, and the different courts.

While the prevailing statutes are unlikely to be readily changed, at least two things can be done at the local level to minimize the need for court transfers. First, under the present system, the offense for which a juvenile is cited or arrested largely determines which court in which the case is filed. A single point of review within the prosecutors' offices would enable the City Attorney and County Attorney to be certain that a case has been filed before the preferred court. Second, if this single point of review had a better assessment of the juvenile's risks, needs, and willingness to cooperate prior to the case being prosecuted, the City and County Attorney would possess a stronger evidentiary basis for objecting to transfer motions.

In addition to an offender's prior criminal record, prosecutors could also consider the success or failure of a juvenile to respond to the intervention efforts of the juvenile court. To assure that this decision-making process is not unduly delayed, youth whose juvenile cases have been terminated unsuccessfully or whose open juvenile case is not progressing satisfactorily could also be "pre-certified" for an adult case in the event of future offenses.

## ***System Decision Point 4:***

4) **Pre-adjudication detention: Juvenile Court Judge** (NRS § 43-253(2))
   a. Decision: Whether juvenile detained at the time of citation/arrest should continue in detention or out-of-home placement pending adjudication
      i. Options:
         1. Parents/Guardians
         2. Emergency Shelter
         3. Staff Secure Facility (e.g., Uta Hallee, Cooper Village)
         4. Secure detention facility (DCYC)
         5. Electronic monitoring (HOME Program)
         6. Tracker Services

      ii. Determining factors (NRS § 43-253(3))
         1. Formal:
            a. Whether there is an "immediate and urgent necessity for the protection of such juvenile"
            b. Whether there is an "immediate and urgent necessity for the protection of . . . the person or property of another"
            c. Whether juvenile is likely to flee the jurisdiction of the court
         2. Informal:
         3. ***Problem: Criminal justice research shows that generally, a person's detention at the time of arrest is the strongest predictor of continued detention pending trial or adjudication. When one considers that officers define the original charges for which a youth is arrested and that the present detention assessment instrument is heavily influenced by the charges alleged, it***

*becomes evident that those youth who are charged more heavily are more likely to be retained. While this may seem intuitively correct, it does not account for the actual risks and needs of the juvenile. The lack of a standardized risk needs assessment prior to the detention hearing and the difficulty/delay associated with scheduling a subsequent hearing do not permit the court and justice systems to target detention for only those youth who truly need it for as long as they need it.*

*As a consequence, there are some youth being detained at the most secure, expensive level of possible placements unnecessarily. While many youth require detention for good reasons, any detention pending adjudication interrupts the youth's education, employment, efforts to re-establish stability within the community, and removes pressure from the juvenile's family to develop an appropriate strategy to reduce the likelihood of future offenses.*

*Problem: DCYC data from 2004 shows that 51% of all admissions were detained pre-adjudication/pre-trial. While the detention intake assessment tool is standardized, it is not a comprehensive risk needs instrument intended to discern the specific factors which contribute to a youth's overall risk level. Consequently it is not possible to determine what proportion of those youth detained, if any, were good candidates for some type of release alternative. Perhaps more importantly, the absence of such an instrument also makes it difficult to develop individualized release plans that target the juvenile's specific risk factors.*

*Problem: While 2004 Census Data reveals that African-American youth make up only 15% of the overall population within Douglas County, they represent 47% of all youth detained. See Table below:*

| Race/Ethnicity | % of County Juv. Pop. | % of All Males | % of All Females | Total % of All Detained |
|---|---|---|---|---|
| White | 75.0% | 41.9% | 54.2% | 45.0% |
| Black/Afr. Amer. | 14.8% | 49.5% | 39.5% | 47.0% |
| Native American | 0.7% | 2.2% | 3.3% | 2.5% |
| Hispanic/Latino | 7.3% | 6.1% | 2.8% | 5.3% |
| Asian | 1.3% | 0.3% | 0.2% | 0.3% |

*Without standardized assessments, it is somewhat speculative to ascertain whether objective reasons explain this disproportionate representation. At the same time, the overall risk scores for white*

*and black youth assessed at the JAC are virtually identical. Unless there is some dramatic difference between the offenders passing through the JAC and those who are being detained, one would predict relative risk levels to be higher, but the same level of comparability noted across race among JAC youth.*
*Problem: Just as the central question of detention requires a standardized risk/needs assessment, the use of detention alternatives also demands it. Without a standardized assessment, one cannot develop release plans individualized to the specific risk factors possessed by a juvenile.*

b. **Comment:** The most aggressive and successful effort to develop alternatives to detention in Douglas County is clearly the HOME program. Of the 176 youth interviewed as a HOME candidate during 2004, the program accepted 159. Just over 75% successfully completed their monitored release program. Of the 25% who failed to successfully complete the program, the majority either ran from the program or violated program rules; only 1 juvenile out of 146 failed the program due to a law violation.

It is also encouraging that whatever factors might be contributing to the disproportionate detention of African American youth at DCYC, the HOME program data does not reveal any disparity in release practices when one considers the racial/ethnic makeup of the DCYC population overall:

| Race/Ethnicity | % of Males | % of Females | % of All HOME |
|---|---|---|---|
| White | 42.7% | 57.1% | 46.5% |
| Black/Afr. Amer. | 47.9% | 28.6% | 42.8% |
| Hispanic/Latino | 8.5% | 7.1% | 8.2% |
| Native American | 0.9% | 7.1% | 2.5% |
| Asian | 0.0% | 0.0% | 0.0% |

The potential for continued progress on reducing the number of detained youth can also be found in the fact that DCYC detainees were released to almost 50 different treatment and placement facilities. While it is uncertain how many of these were used pre-adjudication/pre-trial, a network of alternative placement options has clearly been established. It may be that with additional effort, including a standardized risk/needs assessment conducted at the front end of detention, more youth can be place directly at these alternative sites and avoid detention altogether.

In any event, the adoption of an expedited, risk needs assessment will at least provide DCYC, prosecutors, courts and families with a better foundation for release planning.

## *System Decision Point 5:*

5) **Probable Cause Hearing: Juvenile Court Judge** (NRS § 43-256)

a. Decision: Whether state can show that probable cause exists that juvenile is within the jurisdiction of the court
b. No particular problems or issues have been identified with this step of the justice process.

## *System Decision Point 6:*

**6) Competency Evaluation: Juvenile Court Judge**

a. Decision: Whether juvenile is competent to participate in the proceedings (NRS § 43-258(1(b)))
b. Decision: Whether juvenile is "responsible" for his/her acts (NRS §§ 43-258(1(c)))
    i. Determining factors (NRS §§ 43-258(2))
        1. Physician, Surgeon, Psychiatrist, Community Mental Health Program, Psychologist
        2. "Complete evaluation of the juvenile including any authorized area of inquiry requested by the court." (NRS §§ 43-258(2))
c. ***Problem: While intent of this statute appears to clearly envision evaluations solely for the purpose of assessing a juvenile's competency to participate in the justice process, apparently there have been instances in which courts have used this statute as justification for ordering OJS evaluations prior to adjudication. This information may be useful in the long-run, but it raises due process concerns when an offender's competency is not really in question.***

## *System Decision Point 7:*

**7) Adjudication: Juvenile Court Judge**

a. Decision: Whether the juvenile is, beyond a reasonable doubt, "a person described by section 43-247" (NRS § 43-279 (2) and (3)
    i. Determining factors:
        1. Legal sufficiency of evidence presented during adjudication hearing
        2. Whether juvenile admits the allegations of the petition (or, "pleads to the charges")

b. Decision: Whether to order probation to conduct a pre-disposition investigation (statutory authority unclear)
    i. Determining factors: None identified
    **ii. See also: NRS § 29-2261 (2):** A court may order a presentence investigation in any case, except in cases in which an offender has been convicted of a Class IIIA misdemeanor, a Class IV misdemeanor, a Class V misdemeanor, a traffic infraction, or any corresponding city or village ordinance.

c. Decision: Whether to order OJS evaluation (NRS § 43-281)
    i. Determining factors: None identified
    ii. **See also: NRS § 29-2204(3)**: Except when a term of life is required by law, whenever the defendant was under eighteen years of age at the time

he or she committed the crime for which he or she was convicted, the court may, in its discretion, instead of imposing the penalty provided for the crime, make such disposition of the defendant as the court deems proper under the Nebraska Juvenile Code. **Prior to making a disposition which commits the juvenile to the Office of Juvenile Services, the court shall order the juvenile to be evaluated by the office if the juvenile has not had an evaluation within the past twelve months.**

d. Decision: Whether to order a PDI **and** an OJS Evaluation
    i. Determining factors:
        1. Presumably supplement each other
        2. Uncertainty about whether probation or commitment to OJS is in the juvenile's best interest
e. ***Problem: No clear criteria established for judge's selection of one or both of the ordered evaluations.***
f. ***Problem: Probation and OJS often complete their respective investigations without collaborative contact between the agencies.***
g. ***Problem: Prior to disposition, Probation does not ordinarily distribute its PDI to OJS; OJS does not ordinarily distribute its evaluation report to Probation.***
h. ***Problem: Probation, in particular, devises dispositional recommendations intended to facilitate funding for juvenile services, but does not know or understand when existing funding renders those recommendations unnecessary. Disposition recommendation chases money rather than focusing on how balanced or appropriate response is.***
i. ***Problem: Probation lacks sufficient understanding of different treatment levels and facilities; the pdi strays into recommendations for which probation has limited expertise.***
j. ***Problem: Dual evaluations generate competing recommendations from which the judge must select and absence of OJS to explain or interpret evaluation results leaves unanswered questions about best course for youth.***
k. **Comment:** In the past, Probation has lacked financial resources with which it could purchase support services (e.g., substance abuse treatment). This has placed pressure on Probation to develop PDI recommendations which necessitated (or appeared to necessitate) a youth's placement with OJS for primary purpose of tapping into needed funding. This same dynamic might also explain why courts have opted to order a pre-dispositional investigation from both Probation and OJS; OJS could conduct and pay for the evaluation needed to develop a better sense of what a juvenile required at disposition. Because their agency structures are considerably isolated from each other, it was easier for both agencies to proceed independent of the other rather than collaborate in the preparation of recommendations with each applying their particular expertise to the case. Naturally, the resulting investigations overlap and produce instances in which the two agencies differ in their recommendations.

The lack of a common assessment tool only exaggerated the degree of separation between the agencies. It appears, however, that Probation and OJS are on the

verge of adopting a more coordinated response in their actual investigation procedures and in the use of the YLS/CMI as a common assessment tool. While this instrument cannot substitute for the degree of detail in an OJS evaluation or a comprehensive Probation PDI, it may be useful as a means to identify when a juvenile's risks and needs merit a dual investigation and/or when a targeted inquiry about particular areas of youth's situation would serve everyone better than a more general search. As the agencies work to implement new procedures, it will be important for standardized reporting formats to also be developed which permit courts, prosecutors, defense counsel, agency workers and the youth to quickly understand the implications of these new procedures. Just as the shared assessment tool will provide the agencies, courts and others with a common language by which case recommendations can be considered and argued, the standardize reporting formats will provide the avenue through which Probation and OJS can resolve some of the communication and documentation obstacles presently between them.

***System Decision Point 8:***

8) **Disposition: Juvenile Court Judge** (NRS § 43-286(1))
   a. Decision: Whether to place juvenile on probation (NRS § 43-286(1)(a)(i))
      a. Determining factors: Widely varies on a case by case basis
   b. Decision: Whether to commit such juvenile to the Office of Juvenile Services ((NRS § 43-286(1)(b))
      i. Determining factors: Widely varies on a case by case basis
         1. Formal:
            a. Whether juvenile is at least twelve years of age
   c. Decision: Whether to place juvenile on probation **and** commit juvenile to HHS or OJS
      i. No apparent authority when delinquent remains in the legal custody of parents/guardian
      ii. Determining factors:
         1. Informal:
            a. Gives probation responsibility of supervision, but opens access to HHS/OJS funds for treatment or rehabilitation
         2. See also, State v. David C., 6 Neb. App. 198, 572 N.W.2d 392 (1997): [9] It is clear that the court intended to commit David to the YRTC without actually revoking his probation. We can find no statutory basis for this procedure. Section **43-286** provides for the possible dispositions that a court may make, including continuing [*214] the disposition portion of the hearing and (1) placing the juvenile on probation subject to the supervision of a probation officer; (2) permitting the juvenile to remain in his or her [***31] own home, subject to the supervision of the probation officer; (3) placing the juvenile in a suitable home or institution or with the Department; or (4) committing him or her to OJS. **Section 43-286 provides no authority for a court to place a juvenile on probation under the care of OJS.** Section **43-286**(4)(e) provides

that if the court finds that the juvenile violated the terms of his or her probation, the court may modify the terms and conditions of the probation order, extend the period of probation, or enter "any order of disposition that could have been made at the time the original order of probation was entered . . . ." The court could not have originally entered an order providing for probation with commitment to YRTC, and it necessarily follows that the court could not enter such an order upon finding that the juvenile had violated the terms of his or her probation.

d. ***Problem: OJS worker only assigned to case when evaluation recommends placement with OJS; if OJS recommends juvenile to be placed on probation, no worker appears in court to explain the recommendation.***
e. ***Problem: For juveniles who are already with the HHS as an abuse/neglect case (NRS § 43-247(3(a)), the "3(a)" worker is more knowledgeable about the juveniles situation than the newly appointed OJS case-worker. While the OJS case-worker ought to be at the hearing, the 3(a) worker can do much more to explain HHS' position about what would be best for the youth.***
f. ***Problem: Medical and mental health professionals whose findings make up the evaluation face difficulties appearing to testify and, thus, the court is deprived of the full impact of their opinion and its basis. Court left to rely on a second hand understanding of the evaluation reports.***
g. ***Problem: When disposition decisions are "taken under advisement", a juvenile's case is put into limbo. This can particularly troublesome if the youth is in detention.***
h. ***Problem: At times, judges have ordered conditions of supervision, treatment and placement, but designated the cases as being under a "continuing disposition" because they believe this permits them to more closely monitor a juvenile's case. The lack of a final disposition order, however, deprives the parties of the right to appeal and can cause other practical and procedural difficulties.***
i. ***Problem: If court orders a dual placement with Probation and OJS and orders an out-of-home placement to be located, Probation and OJS may conflict on the level of care that is appropriate for the youth. Court can be torn between the expediency of a ready placement and the immediate unavailability of a more appropriate level of care.***
j. ***Problem: Orders which do not contain the correct language interfere with state and county efforts to obtain reimbursement funding for treatment and rehabilitation services of a juvenile.***
k. ***Problem: Courts order redundant placement/supervision responsibilities because of a perception that funding for juvenile treatment and rehabilitation services would otherwise be unavailable.***

***<u>System Decision Point 9:</u>***

9) **Administrative Sanctions: Probation** (NRS § 29-2266)
   a. Decision: Whether to impose administrative sanctions on a probationer

i. Determining factors (NRS § 29-2266(2)):
    1. Probation officer has reasonable cause to believe that probationer has committed or is about to commit a substance abuse violation or a non-criminal violation
    2. Substance abuse violation refers to a positive test for drug or alcohol use, failure to report for such a test, or failure to comply with substance abuse evaluations or treatment
    3. Non-criminal violation means:
        a. Moving traffic violations;
        b. Failure to report to his or her probation officer;
        c. Leaving the jurisdiction of the court or leaving the state without the permission of the court or his or her probation officer;
        d. Failure to work regularly or attend training or school;
        e. Failure to notify his or her probation officer of change of address or employment;
        f. Frequenting places where controlled substances are illegally sold, used, distributed, or administered;
        g. Failure to perform community service as directed;
        h. Failure to pay fines, court costs, restitution, or any fees imposed pursuant to section 29-2262.06.

***System Decision Point 10:***

**10) Motion to Revoke Probation: County Attorney** (NRS § 43-286(4)(b)(i))

*1. Problem: Standardized case-planning targeted at reducing a youth's risk of violation cannot be implemented until Probation deploys a standardized risk-need assessment.*

***System Decision Point 11:***

**11) Modification/Revocation of Probation: Juvenile Court Judge** (NRS § 43-286(4)(b)(v))

***System Decision Point 12:***

**12) Setting aside Adjudication: Juvenile Court Judge** (NRS § 43-2,104)

a. Decision: Whether juvenile has satisfactorily completed his or her probation and supervision or the treatment program of his or her commitment (NRS § 43-2,102)
    i. Determining factors (43-2,103):
        1. Juvenile's post-adjudication behavior and response to treatment and rehabilitation programs
        2. Whether setting aside adjudication will depreciate seriousness of juvenile's conduct or promote disrespect for law
        3. Whether failure to set aside adjudication may result in disabilities disproportionate to the conduct upon which the adjudication was based.

b. Decision: Whether juvenile should be discharged from the custody and supervision of OJS

i. Determining factors:
    1. Presumably same as those for probation under NRS § 43-2,103
    2. See also, *In re Interest Tamantha S.*, 267 Neb. 78; 672 N.W.2d 24 (2003): it is clear under the language of § 43-408 that the committing court maintains jurisdiction over a juvenile committed to OJS, conducts review hearings every 6 months, and is to receive written notification of the placement and treatment status of juveniles committed to OJS at least every 6 months. See § 43-408(2) and (3). Thus, although the statute speaks of committed [**28] juveniles' being "discharged from [OJS]," § 43-408(2), the statute does not explicitly say that OJS discharges the juveniles, and, on the contrary, the Legislature has explicitly mandated that the committing court "continues to maintain jurisdiction" over a juvenile [***9] committed to OJS. *Id.* Therefore, **while OJS may make an initial determination with regard to the advisability of the discharge of a juvenile committed to OJS, the committing court, as a result of its statutorily imposed continuing jurisdiction, must approve the discharge of the juvenile.**

c. ***Problem: Once juveniles are committed to OJS, little information is passed back to the County Attorney which makes it difficult for the County Attorney to appropriately respond if a parolee commits additional offenses.***
d. ***Problem: Serious, persistent offenders are difficult to get out of the juvenile system. Though they may have cases filed in County or District Court, present practices tend to result in the case being transferred to Juvenile Court because it already has jurisdiction of the juvenile. This problem leads to escalating levels of offending until juvenile commits such a serious crime that it cannot be ignored by the adult system.***

## Additional Considerations

<u>The Prevalence of Risk Factors among Douglas County Juvenile Offenders</u>

The YLS/CMI results reported below come from the *Risk/Need Study Preliminary Report*, March 2003, prepared by Drs. Colleen Kadleck (University of Nebraska at Omaha) and Denise Herz (California State University). Between July and December 2002, the YLS/CMI was administered to 1104 Nebraska juveniles, nearly 40% of whom were located in Douglas County.

The YLS/CMI results listed below reveal the ten risk factors most prevalent among the 1100 juveniles who were sampled. This table indicates which YLS/CMI risk cluster (or "group of risk factors") the specific risk factor comes from and finally shows how that risk factor matches up with the ten express priorities found in the 2002 Douglas County Community Juvenile Services Plan.

# APPENDIX 13

Reference List:
Where noted, information used in this report was taken from the following reports and organization websites:

**2006 – 2008 Douglas County Comprehensive Juvenile Services Plan**
T. Hank Robinson, Ph. D.
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**DOUGLAS COUNTY**
**Secure Juvenile Detention:**
**A Study of Crowding**
*Updated and Corrected*
*Final Report*
*May 26, 2008*
*Presented to the*
*Douglas County Board*
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**Empowerment Network**
www.empoweromaha.com

**Building Bright Futures**
http://www.buildingbrightfutures.net

**Greater Omaha Economic Development Partnership**
http://www.selectgreateromaha.com

**US Census/ Community Survey:**
http://quickfacts.census.gov/qfd/states/31/31055.html

http://www.epodunk.com/cgi-bin/popInfo.php?locIndex=22385